DEPT.- 65

JOB- 15

REEL- 27

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23067

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A.	B.	C.	D.
[ ] Establish retention period for records which are accumulating daily.	[ ] Dispose of present accumulation, no additional accumulation anticipated.	[ ] Microfilm and destroy originals.	[X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A.	B.	C.
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls & 1 positive for hospital

C P Force 3/28/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2 APPROVED: CITY SOLICITOR

3 APPROVED CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Ward 9 C 2500 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Carline or Dock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH ....1....

AGE 30 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 3 1907

I HEREBY CERTIFY, That I attended deceased from — 190.... to — 190....

that I last saw h— alive on — 190....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

.... (DURATION) .... DAYS

Contributory (Primary.) ....

.... (DURATION) .... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Greene St

Date .... 190....

Place of Burial PUBLIC CEMETERY.

Date JUL 10 1907 190....

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — Registered No. B C 2501

C 2501

CERTIFICATE OF DEATH.

(Place of Death.) No. 817 Rabey St — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lenord Disbe

{Residence, if in Baltimore, Give Street and Number.} 817 Rabey st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: C

DATE OF BIRTH: 1

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4 1907

I HEREBY CERTIFY, That I attended deceased from Ces Prones 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Acut Nefritis

(DURATION) 4 DAYS

Contributory (Primary.) .....

(DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Address Over

Date July 9 1907

Place of Burial PUBLIC CEMETERY

Date JUL 10 1907 190...

Commissioner Health.

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

991

Ward 10 C 2502 Registered No. B C 2502

CERTIFICATE OF DEATH.

(Place of Death.) No. 211. N. Carlton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Parker

{Residence, if in Baltimore, Give Street and Number.} 211. N. Carlton

Duration of Residence in Baltimore. Md

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1.....

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 211 N Carlton St

Filed 7/10 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8th 1907

I HEREBY CERTIFY, That I attended deceased from Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11.30 M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from wound Perforating Duodenum

(DURATION) DAYS

Contributory (Primary.) Stabbed with Knife in hand

(DURATION) DAYS

(Signed) C. Wm. Jones M.D. Coroners

Address

Date July 10th 1907

Place of Burial Mt Auburn

Date July 10 1907

Undertaker R. F. Ellwott

Address 502 N Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2503 Registered No. B C 2503

120 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 E. 23rd. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Victoria Sikes

{ Residence, if in Baltimore, Give Street and Number. } 213 E. 23rd St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: May 6, 1837

AGE: 70 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto., Md.

FULL NAME OF FATHER: Francis Hoover

BIRTHPLACE OF FATHER (State or country): Balto, Md.

MAIDEN NAME OF MOTHER: Maria Dowrey.

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar J. Hoover

(Address) 52 Augusta Ave

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/9 1907

I HEREBY CERTIFY, That I attended deceased from 7/2 1907 to 7/9 1907 that I last saw her alive on 7/8 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Shock

(DURATION) DAYS

(Signed) H. E. Slowick M.D.

Address 501 E. 22nd St

Date 7/10 1907

Place of Burial Loudon Park Cemetery

Date July 11" 1907

Undertaker Henry W Mears 2nd Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

White ... Registered No. B C 2504 C 2504

CERTIFICATE OF DEATH.

1047

(Place of Death.) No. 106 N Green St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Helen Irene Mulholland.

{ Residence, if in Baltimore, Give Street and Number. } 106 N Green.

Duration of Residence in Baltimore. During life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 27 1906

AGE: ~~1~~ years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John H Mulholland

BIRTHPLACE OF FATHER (State or country): Connecticut

MAIDEN NAME OF MOTHER: Lillian Moran

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Mulholland

(Address)

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 10 1907 that I last saw her alive on July 10 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ex haustion

(DURATION) DAYS

Contributory (Primary)

Acute Indigestion (DURATION) 2 DAYS

(Signed) M Allenbury M.D.

Address 741 W Fayette St

Date July 10 1907

Place of Burial St Peters Cem

Date July 11th 1907

Undertaker C H Fahey & Son

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2505 Registered No. B

C 2505

45 V

CERTIFICATE OF DEATH.

Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. McCorkey

{ Residence, if in Baltimore, Give Street and Number. } 635 Sarah Ann St.

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Mar. Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph McCorkey

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Anderson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hall

(Address) 121 S Charles

Filed 7/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to July 7 1907

that I last saw h[illegible] alive on July 7 1907,

and that death occurred, on the date stated above, at 7

P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Lacuna

(DURATION) DAYS

Contributory (Primary.) Lacuna

(DURATION) DAYS

(Signed) E L Jennings M.D.

Address St Josephs Hosp.

Date July 8th 1907

Place of Burial Mt Auburn

Date July 10 1907

Undertaker E R & E Hiatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 2505

61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 Richardson st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Grada

{ Residence, if in Baltimore, Give Street and Number. } 1305 Richardson st.

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: March 6th 1905	
AGE: 2 years, 4 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Hungary	
FULL NAME OF FATHER: John Grada	
BIRTHPLACE OF FATHER (State or country): Hungary	
MAIDEN NAME OF MOTHER: Elizabeth Sterbling	
BIRTHPLACE OF MOTHER (State or country): Hungary	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Grada

(Address) 1305 Richardson st

Filed 7/10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 10th 1907 that I last saw h[illegible] alive on July 8 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-spinal Meningitis

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Shipwash M.D.

Address 1 N. Washington st.

Date July 10th 1907

Place of Burial Holy Cross Cem.

Date July 11 190

Undertaker Jos. Stundebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward XX

Registered No. B C 2507.

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Hutchins

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md —

FULL NAME OF FATHER: Francis Wm. Hutchins

BIRTHPLACE OF FATHER (State or country): Calvert Co.

MAIDEN NAME OF MOTHER: Elizabeth C. Maddox

BIRTHPLACE OF MOTHER (State or country): Prince George Co.

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Hutchins

(Address) Mount Harmony Calvert Co.

Filed July 11 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 — 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 10 1907

that I last saw h in alive on July 10 1907

and that death occurred, on the date stated above, at 7.40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 7 DAYS

Contributory (Primary.) Hemorrhage.

(DURATION) 3 Days.

(Signed) H W Esher M.D.

Address City Hospital

Date July 10 — 1907

Place of Burial Mount Harmony Calvert Co.

Date July 12 — 1907

Undertaker Jos. Huntsleigh

Address 1318 Eight St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 2508 — Registered No. B C 2508

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 3028 Westwood ave Walbrook St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Freddie Carl Ray

{Residence, if in Baltimore, Give Street and Number.} 3028 Westwood ave Walbrook

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 26th 1907

AGE: ..... years, ... months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Owen E Ray

BIRTHPLACE OF FATHER (State or country): LeRoy Ohio

MAIDEN NAME OF MOTHER: Mary V Amos

BIRTHPLACE OF MOTHER (State or country): Cumberland Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Owen E Ray

(Address) 3028 Westwood ave

Filed 7/11 1907 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 10 1907 that I last saw h[illegible] alive on June 10 1907, and that death occurred, on the date stated above, at 7.25 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

Malnutrition

(DURATION) 14 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E W Delahay M.D.

Address 2250 E Monument st

Date July 10 1907

Place of Burial Balto Cemetery

Date July 11 th 1907

Undertaker Geo Schilling & Sons

Address 1126 E Monument st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the cause comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, so far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C 2509 Registered No. B C 2509

CERTIFICATE OF DEATH.

104V

(Place of Death.) No. 533 N Parrish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet Jones

{Residence, if in Baltimore, Give Street and Number.} 533 Parrish alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: Horace Jone

BIRTHPLACE OF FATHER (State or country): Balt city.

MAIDEN NAME OF MOTHER: Florence Fenning

BIRTHPLACE OF MOTHER (State or country): Balt city

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Fenning

(Address) 532 N Parrish st

Filed 7/11 1907 Registrar

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 21 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Blackburn M.D.

Address 700 Lafayette Ave (Carlton)

Date July 10 1907

Place of Burial Mount Auburn

Date July 11 1907

Undertaker J. H. Owens & Son

Address 1222 Druid st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 02370

64r

CERTIFICATE OF DEATH.

(Place of Death.) No. 2241 E lehare St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah R Rudolph

{Residence, if in Baltimore, Give Street and Number.} 2241 E. lehare St C. 2510

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH Dec 4 1849

AGE 57 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ohio.

FULL NAME OF FATHER David Reese

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER Mary A Crumley

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas R Roberts

(Address) 2241 E Chase

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 - 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to July 9 1907

that I last saw h~~e~~r alive on July 9 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Cullen M.D.

Address 2224 E Preston St.

Date Baltimore July 10 1907

Place of Burial London Park

Date July 11 1907

Undertaker Armstrong Denny Co

Address 715 Light st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C ~~2510~~ 2511 Registered No. B C ~~2510~~ 2511

CERTIFICATE OF DEATH.

(Place of Death.) No. 1140 Argyle Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Caesar

{Residence, if in Baltimore, Give Street and Number.} 1140 Argyle Ave.

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH June — 1841

AGE 66 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Ireland Md

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland Md

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Caesar

(Address) 1140 argyle Av.

Filed 7/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 9th 1907 that I last saw him alive on July 9th 1907, and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dropsy (DURATION) 120 DAYS

(Contributory (Primary.) Endocarditis & Paralysis (DURATION) 365 DAYS

(Signed) Edward E Mackenzie M.D.

Address 1339 W North Ave

Date July 10th 1907.

Place of Burial Mt. Auburn Cemetery

Date July 11 1907

Undertaker Isaac Brown

Address 565 Dolphin street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — ~~C 2511~~ C 2512 — Registered No. B ~~C 2511~~ C 2512 138

CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 Light St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frances E. Carey

{Residence, if in Baltimore, Give Street and Number.} 1517 Light St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Apr 25th 1884

AGE: 21 years, 3 months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edw L. Buckingam

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Virginia E. Carman

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Stw

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Carey

(Address) 1517 Light St

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from May 29th 1907 to July 9th 1907

that I last saw her alive on July 9th 1907,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis beginning during pregnancy was delivered on July 31st 1907 (DURATION) ? DAYS

Contributory (Primary) Mitral Regurgitation

(DURATION) ? DAYS

(Signed) H. H. Hayden M.D.

Address 1425 Light St.

Date July 10th 1907

Place of Burial ~~Lutey~~ Balto Cem

Date July 12 1907

Undertaker John J. Fahey

Address 1232 Hillman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7. N.

Registered No. 6. 2373

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate Murphy,

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

COLOR W.

DATE OF BIRTH —— 1

AGE 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Ireland,

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Domestic,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/11 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1907

I HEREBY CERTIFY, That I attended deceased from May 31st 1907 to July 10th 1907

that I last saw h.er alive on July 10th 1907

and that death occurred, on the date stated above, at 12.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia and Exhaustion,

(DURATION) DAYS

Contributory (Primary.) Carcinoma

Liver, Gall Bladder etc. (DURATION) DAYS

(Signed) R. Dorsey M.D.

Address Bay View Hospital

Date July 10th 1907

Place of Burial Sacred Heart

Date July 11" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2514 Registered No. B C 2514 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 31 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bettie E. Brown

{Residence, if in Baltimore, Give Street and Number.} 31 S. Calhoun St

Duration of Residence in Baltimore. Abt. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1848

AGE 60 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) A. A. Co. Md

FULL NAME OF FATHER Eli Lusby

BIRTHPLACE OF FATHER (State or country) A. A. Co. Md

MAIDEN NAME OF MOTHER Sophia Lusby

BIRTHPLACE OF MOTHER (State or country) A. A. Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooke

(Address) 17 S Calhoun St

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to July 10 1907

that I last saw h[er] alive on July 10 1907 4:30

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

and Left Hemiplegia

(DURATION) 35 DAYS

Contributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) Henry C. O'Lee M.D.

Address 1203 W. Fayette St

Date July 11 1907

Place of Burial Baltimore Cemetery & Co. Inc

Date 7-12 1907

Undertaker Robt. Brooke & Son

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2515 Registered No. B C 2515

CERTIFICATE OF DEATH.

19v

(Place of Death.) No. 834 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Poske

{Residence, if in Baltimore, Give Street and Number.} 834 Columbia Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feb 13 1854

AGE: 53 years, 5 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Herman F. Poske

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cosies Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton C. Poske

(Address) 834 Columbia Ave

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1907

I HEREBY CERTIFY, That I attended deceased from March 8 1907 to July 9 1907 that I last saw h[illegible] alive on July 8 1907, and that death occurred, on the date stated above, at 5.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Stenosis

(DURATION) 4 mos DAYS

Contributory (Primary) Pulmonary edema

(DURATION) DAYS

(Signed) Albert F. Covey M.D.

Address 1412 Mt Royal ave

Date July 10 1907

Place of Burial Loudon Park Cr

Date July 11 1907

Undertaker Jos. Soerdens, Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2516

City of Baltimore, (No. 1049 N. Durham St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andy (Harry) A. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frederick Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife 1049 N Durham St

(Address) .....

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 8th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to July 8th 1907

that I last saw him alive on July 8 1907

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Typhoid fever

Heart Bowel trouble (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) G. W. Simpson M. D.

July 8 1907 (Address) 1026 W. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: July 11 1907

UNDERTAKER: R A Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 2517 Registered No. B C 2517

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 McElderry ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen ailer White

{Residence, if in Baltimore, Give Street and Number.} 610. one. Elderry ct

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) .. ..

MAIDEN NAME OF MOTHER .. ..

BIRTHPLACE OF MOTHER (State or country) .. ..

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine White

(Address) 1226 Short alley

Filed 7/11 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to July 9 1907

that I last saw h[illegible] alive on July 9 1907

and that death occurred, on the date stated above, at 445 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspholoxy Contused Brain

Head

(DURATION) 2 DAYS

Con'tributory (Primary.) Brain

(DURATION) 2 DAYS

(Signed) Dr GW Bernard M.D.

Address 708 Ensor st

Date July 10 1907

Place of Burial New Cathedral

Date July 11th 1907

Undertaker Wm J G Jackson

Address 1421 Hamilton St

J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B 62518

CERTIFICATE OF DEATH.

(Place of Death.) No. 1019 Booth St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Williams

{Residence, if in Baltimore, Give Street and Number.} 1019 Booth

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Robert Thomas

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Mary Johnson

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Thomas

(Address) 1132 N. Saratoga

Filed July 11 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Lungs
P. M. Dr. N. H. Kirk

(DURATION) DAYS

Contributory (Primary.) Fatty degeneration of the Heart (DURATION) DAYS

(Signed) Frank Jones M.D.
Coroner

Address

Date July 11th 1907

Place of Burial Laurel Cem

Date July 12th 1907

Undertaker Sam'l W. Chase & Son

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2519 Registered No. B [illegible]

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 16 n Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Snyder

{Residence, if in Baltimore, Give Street and Number.} 16 n. Bond

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 43 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Russia	
FULL NAME OF FATHER: Joe Snyder	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Grace Finnaority	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Snyder

(Address) 16 n Bond st

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from June 18 1907 to July 10 1907 that I last saw h[illegible] alive on July 10 1907, and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Stomach

& Liver (DURATION) 2nd DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas T. [illegible] M.D.

Address 1523 E Balt St

Date July 11 1907

Place of Bu-ial Holmes Philip Rd Roosdale

Date July 11 1907

Undertaker Max Levinson

Address 1120 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2520 Registered No. B C 2520

CERTIFICATE OF DEATH.

(Place of Death.) No. 1229 Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lida Watkins

{Residence, if in Baltimore, Give Street and Number.} 1229 Parrish

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: June 3rd 1902	
AGE: 5 years, 2 months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Joseph Watkins	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mary Watkins	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Watkins

(Address) 1229 Parrish

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 21 DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Buchanan M.D.

Address 700 Log. av. (Corner)

Date July 10th 1907

Place of Burial Mt Auburn

Date July 12 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 2521 Registered No. B C 2521

CERTIFICATE OF DEATH.

(Place of Death.) No. 1345 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes R. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1345 N. Carey St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. COLOR: Colored

DATE OF BIRTH: Mar. 1st 1866

AGE: 41 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Thompson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lydia Thompson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Johnson

(Address) 1345 Carey St.

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9th 1907

I HEREBY CERTIFY, That I attended deceased from .....1907.....to.....1907.....

that I last saw h.....alive on.....1907.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Ephraemia

Eight (DURATION) DAYS

Contributory (Primary.) Intercurrent

(Eight mos.) (DURATION) DAYS

(Signed) Lisa Baccanis M.D.

Address 700 Laf. av. (Cooper)

Date July 10th 1907

Place of Burial Reisterstown Md

Date July 11 1907

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2522 Registered No. B C 2522

CERTIFICATE OF DEATH.

(Place of Death.) No. 2522 Woodbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Nora Kaufmann (Nee Dreher)

{ Residence, if in Baltimore, Give Street and Number. } 2522 Woodbrook Ave

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 1889

AGE 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frederick Dreher

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Dreher

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Dreher

(Address) 2229 Penna Ave

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190... 3 P M

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Septicaemia following Abortion, probably self induced (DURATION) DAYS

Contributory (Primary.) ... (DURATION) DAYS

(Signed) Christian Lenhausen M.D.

Address 1517 N. Chas

Date July 14 1907

Place of Burial Loudon Park

Date July 12th 1907

Undertaker Wm M Gaulbrecht

Address North & Lanvale Sts

WM. J. C. DULANY CO., BALTIMORE

Attended by Dr Thomas for ten days.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B .....

CERTIFICATE OF DEATH.

646

(Place of Death.) No. 1332 N. Fremont St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Giuseppe Catanese

{Residence, if in Baltimore, Give Street and Number.} 1332 N Fremont st

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 18[illegible] Mon October 18[illegible]

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Marriege

BIRTHPLACE (State or country): Italy (Termini)

FULL NAME OF FATHER: Giuseppe Catanese

BIRTHPLACE OF FATHER (State or country): Italy (Termini P)

MAIDEN NAME OF MOTHER: Giuseppa Ballara.

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: Possident-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catanese

(Address) 1332 Fremont ave

Filed 7/11 190[illegible] HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 July 190[illegible]

I HEREBY CERTIFY, That I attended deceased from 10 July 190[illegible] to 10 July 190[illegible]

that I last saw h[illegible] alive on 10 July 190[illegible],

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrages (apoplessja)

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) Joseph Barroneo M.D.

Address 204 N Greene st

Date 10 July 07

Place of Burial Holy Redeemer

Date July 12 1907

Undertaker John O'Hough Co

Address 1722 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2524 Registered No. B ..... C 2524

CERTIFICATE OF DEATH.

(Place of Death.) No. 804 George St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Emma V Schultz

{Residence, if in Baltimore, Give Street and Number.} 804 George St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 25th 1857

AGE: 53 years, 1 month, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Edward E. Kent

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Schultz Jr

(Address) 804 Geo. St

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to July 10 1907 that I last saw her alive on July 9 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Organic Cardiac Lesion (DURATION) DAYS

(Signed) Jno. G. Thiesl M.D. M.D.

Address 901 Myrtle Ave

Date July 10. 1907

Place of Burial London Park Cemetery

Date July 12th 1907

Undertaker Wellman Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 2525 Registered No. B C 2525

CERTIFICATE OF DEATH.

(Place of Death.) No. 1508 N. Monford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Stone

{Residence, if in Baltimore, Give Street and Number.} 1508 N. Monford

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH Sept 27 1906

AGE X years, 9 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Walter Stone

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lulu Chaney

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Stone

(Address) 1508 N Monford Ave

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9. 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. Schmidt M.D.

Address Coroner's Office

Date July 9 - 07 1907

Place of Burial Mt. Olivet

Date July 11 1907

Undertaker Robt. Hunter & Son

Address Gay. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2526 Registered No. B C 2526

CERTIFICATE OF DEATH.

(Place of Death.) No. 42 Poultney St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Anna Sansone

{Residence, if in Baltimore, Give Street and Number.} 42 Poultney St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 21. 1904

AGE 2 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Joseph Sansone

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Josephine Sansone.

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father.

(Address) 42 Poultney St.

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 10 1907 that I last saw her alive on July 8 1907 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Meningitis

(DURATION) DAYS

Con'tributory (Primary.) about 3 mos.

(DURATION) DAYS

(Signed) W. S. Smith M.D.

Address 528 Hanover St

Date July 10 1907.

Place of Burial St Vincents Cem.

Date July 12 1907.

Undertaker Daniel and McGoldrick

Address 42 East West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 2527. — Registered No. B C 2527.

CERTIFICATE OF DEATH.

(Place of Death.) No. 518 Jefferson Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stefan Neuman,

{Residence, if in Baltimore, Give Street and Number.} 578 Jefferson Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. — COLOR W.

DATE OF BIRTH 1

AGE X years, 6 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltic

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 7.55 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsion

(Sudden)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Eugene Cornman M.D.

Address Cornman Bldg.

Date July 10 - 07 1907

Place of Burial COLLEGE OF P. & S.

Date JUL 11 1907 190

Undertaker Commissioner Health.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

Ward C. Co. 1. C 2528 Registered No. B 31 K

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Page Campbell,

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore,

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: B.

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Essex Co. Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/11 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907

I HEREBY CERTIFY, That I attended deceased from June 29th 1906 to July 11th 1907 that I last saw him alive on July 10th 1907 and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Lungs.
Hydrothorax.

(DURATION) DAYS

Contributory (Primary) Myocarditis
Tuberculosis Hip (DURATION) DAYS

(Signed) R. R. Vonderau M.D.

Address Bay View Hosp.

Date July 11th 1907.

Place of Burial JOHNS HOPKINS HOSPITAL JUL 11 1907

Date 190

Undertaker William H. Woodcock

Address 1811 Aiken St.

FOR ANATOMICAL PURPOS

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

Ward C. M. L. C 2529 Registered No. B 172

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Bartlett Wells.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: B.
DATE OF BIRTH: 1	
AGE: 35 years, mo'ls, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.	
BIRTHPLACE (State or country): Winchester Va.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1906 to July 10th 1907

that I last saw h im alive on July 10 1907

and that death occurred, on the date stated above, at 1.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tetania.

(DURATION) DAYS

Contributory (Primary.) Cystitis,

Arteriosclerosis (DURATION) DAYS

(Signed) R. R. Vaux M.D.

Address Bay View Hospital

Date July 10th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 11 1907 190

Undertaker William H. Wooden

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES.

W.M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8 19

C 2530

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2530

City of Baltimore, (No. 604 Clinton Ave, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME John Wesley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mulatto

DATE OF BIRTH: January (Month) 1 (Day) 1907 (Year)

AGE: ..... years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Frank Cassel

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Cora Jenkins

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Corinne Jenkins (Aunt)

(Address) 658 George St.

Filed 7/11 1907

HARRY O. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to ..... 190.....

that I last saw h.. alive on July 9 1907,

and that death occurred, on the date stated above, at .....

M. The CAUSE OF DEATH was as follows:

Gastro - Enteritis

(DURATION) 7 DAYS

Contributory Congenital Debility

(DURATION) ..... DAYS

(Signed) M. A. Bates M. D.

July 10 1907 (Address) 711 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S

DATE OF BURIAL: JULY 1907

UNDERTAKER: Commissioner Health

ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 X — C 2531 — Registered No. B C 2531

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Victor South

{Residence, if in Baltimore, Give Street and Number.} 30 E. Jack St.

Duration of Residence in Baltimore. 6 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: white

DATE OF BIRTH: 1

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1907

I HEREBY CERTIFY, That I attended deceased from June 30 1907 to July 9 1907 that I last saw him alive on July 9 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) 9 DAYS

Contributory (Primary.) Hemorrhage

(DURATION) 1 DAYS

(Signed) W W Esher M.D.

Address City Hospital

Date July 10 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 10 1907 190

Undertaker Commissioner of Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

Ward 5 C 2532 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 220 S. High St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Salvatore Bianco

{Residence, if in Baltimore, Give Street and Number.} 220 S. High st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE years, 4 months, 15 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Joseph Bianco

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosa

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Liberto

(Address) 700 E. Pratt st.

Filed 7/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

2 X 1

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 10 1907 that I last saw h-- alive on July 10 1907, and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chlorea Infantum

(DURATION) 9 DAYS

Contributory (Primary.)

Inanition (DURATION) 3 DAYS

(Signed) Anthony L. Pantaleoni M.D.

Address 827 Aisquith

Date July 10 1907

Place of Burial New Cathedral

Date July 10th 1907

Undertaker Trudell Lippel & Son

Address 330 S. Bond st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 2533

C 2533

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 Wiesenfeld Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Jackson

{ Residence, if in Baltimore, Give Street and Number. } 2 Wiesenfeld Court

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 4 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Charles E Jackson
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Stella Billups
BIRTHPLACE OF MOTHER (State or country)	Baltimore City
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Jackson

(Address) 2 Wiesenfeld Court

Filed 7/11 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 10 1907

that I last saw h.. alive on July 10 1907,

and that death occurred, on the date stated above, at 7 ..... M. CAUSE OF DEATH (Secondary or Immediate

Acute Peritonitis Ulcer of Stomach

..... (DURATION) 1 DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address

Date July 10 1907

Place of Burial Asbury Cemetary

Date July 11 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 2534 Registered No. B C 2534

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor Eutaw + Camden St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary E Maier

{Residence, if in Baltimore, Give Street and Number.} 2207 Mura St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John H. Voisteg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary C. Traggeser

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Schuchardt

(Address 2207 Mura St.

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 9 1907

I HEREBY CERTIFY, That I attended deceased from as coroner 190..to 190...

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Mouth

(DURATION) ...DAYS

Contributory (Primary.)

(DURATION) ...DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date July 10 1907

Place of Burial New Cathedral Cemetery

Date July 12 1907

Undertaker, Henry Hoeke & Son

Address 130 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2535

City of Baltimore, (No. 119 N. High St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 11 Feb. 1907
(Month) (Day) (Year)

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore, Maryland, U.S.A

FULL NAME OF FATHER Joseph Miller.

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah (Lennish?)

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Miller (+) Mal.

(Address) 119 N. High St - per H.M.

Filed 11/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 6 a.m. 11 VII 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 6 - VII 1907 to 11 VII 1907

that I last saw h[illegible] alive on 9 VII 1907,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Congenital weakness, and ~~diarrhoea~~ due of Twins.

(DURATION) 2 DAYS

Contributory diarrhoea + enteritis

(DURATION) 12 DAYS

(Signed) Henrietta M. Marcus M. D.

190 (Address) 1218 Park St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Dale Helena Philo Rd Ross

DATE OF BURIAL July 11, 1907

UNDERTAKER Mort Levinson

ADDRESS 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — C 2536 — Registered No. B C 2536

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 624 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jankowicz

{ Residence, if in Baltimore, Give Street and Number. } 624 N Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joseph Jankowicz

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Rukowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jankowicz

(Address) 624 N. Bond St

Filed 7/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 11 1907 that I last saw her alive on July 11 1907, and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentini M.D.

Address 16 E Baltimore

Date July 11 1907

Place of Burial St. Stanislaus

Date July 12 1907

Undertaker M. L. Jackowski

Address 705 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 2537. Registered No. B [illegible] 2537.

104 r

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine J Kuhlmann

{Residence, if in Baltimore, Give Street and Number.} 1117 N Wolfe st

Duration of Residence in Baltimore. [illegible]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug 9th 1906

AGE: [illegible] years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael J Kuhlmann

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Katherine Rezer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M J. Kuhlmann

(Address) 1117 N Wolfe st

Filed 7/11 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 10 1907

that I last saw h[illegible] alive on July 10 1907,

and that death occurred, on the date stated above, at 11½ P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis
superadded by Heat
and Dentition

(DURATION) 24 hours

Contributory (Primary) [illegible]

(DURATION) [illegible] DAYS

(Signed) Thos J Timms M.D.

Address 1025 N Wolfe st.

Date July 11th 1907.

Place of Burial St Alphonsus Cem

Date July 12th 1907 190[illegible]

Undertaker A. Fink & Son

Address 910 N Gay st

P & S saw her but once
[illegible] hours before death

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2538 Registered No. B C 2538

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Rose Yorkshire

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk.

DATE OF BIRTH: May 24 1907

AGE: — years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 205 Madison Ave.

Filed 7/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to July 11 1907 that I last saw her alive on July 10 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 205 Madison Ave.

Date July 11 1907

Place of Burial Cathedral Cemetery

Date July 12th 1907

Undertaker Felix B. Pue

Address 1026 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 2539

CERTIFICATE OF DEATH.

(Place of Death.) No. 3122 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Rockstroh

{Residence, if in Baltimore, Give Street and Number.} 3122 E. Lombard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 30 1906

AGE ..... years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Joseph Rockstroh

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Josephine Greenlaus

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jos. Rockstroh

(Address) 3122 E. Lombard St

Filed July 12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 11 1907

that I last saw h... alive on July 11 1907

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 3 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. Macaulay M.D.

Address 16 S Broadway

Date July 11 1907

Place of Burial Holy Redeemer Cem

Date July 12th 1907

Undertaker John A. Inman

Address 1 Bank & Arnold St.

HARRY G. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 2540 Registered No. B C 2540

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Smith

{ Residence, if in Baltimore, Give Street and Number. } 234 Arlington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: May 21 1907

AGE: ..... years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Smith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Curtis

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Leonard

(Address) 234 Arlington

Filed 7/12 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10, 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to — 190.

that I last saw him alive on July 8 1907,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Prost.

(DURATION) DAYS

Contributory (Primary.) Chlor. Infant.

(DURATION) DAYS

(Signed) F. H. Farmer M.D.

Address 317 N. Carrollton Ave

Date July 10 1907

Place of Burial Mt. Auburn Cemetery

Date July 12 1907

Undertaker E. R. A. Gellatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when attending the case comes to his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial or sepulture of the deceased, and the ***cause and date of death***, to the ***full name, sex, age, condition*** (whether married or single) and ***birthplace*** of the deceased, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and ***birthplace*** of the deceased, as far as the same can be ascertained, the ***cause and date of death***.

Ward 19 C 2541 Registered No. B C 2541

CERTIFICATE OF DEATH.

(Place of Death.) No. 726 Second ave / Hampden St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E Ayers

{ Residence, if in Baltimore, Give Street and Number. } 726 Second ave / Hampden

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 30th 1842

AGE: 64 years, 7 months, 10 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: James Ayers

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Elizabeth Baldwin

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED: Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert P Ayers

(Address) 726 Second ave Hampden

Filed 7/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 10 1907

that I last saw him alive on July 10 1907,

and that death occurred, on the date stated above, at 7.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma 2 hours

Chronic Nephritis

(DURATION) 1 year ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Welch M.D.

Address 765 - 3rd ave

Date June 11 1907

Place of Burial Baltimore Cemetery

Date July 13th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2542 Registered No. B ..... C 2542

CERTIFICATE OF DEATH.

(Place of Death.) No. 140 N Preston St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Herbert

{ Residence, if in Baltimore, Give Street and Number. } 140 Preston St

Duration of Residence in Baltimore. 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Black

DATE OF BIRTH: Unknown 1

AGE: 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Pratt

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Susan Dilan

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Susan Dilans

(Address) 140 N Preston St

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 11 1907

that I last saw him alive on July 10 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition,

..... (DURATION) ..... DAYS

Contributory (Primary) Gastritis (DURATION) ..... DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N La Fayette ave

Date July 11 1907

Place of Burial Laurel Cemetery

Date July 12 1907

Undertaker Alex H Emsley

Address 478 Nicholas st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2543 Registered No. B ..... C 2543

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 722 Bradly St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Robert Myers

{Residence, if in Baltimore, Give Street and Number.} 722 Bradly St —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Boy
COLOR	Black
DATE OF BIRTH	March 16 1907
AGE	— years, 3 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balt: Md
FULL NAME OF FATHER	Cecil Andrews
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Allie Meyers
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Allie Myers

(Address) 722 Bradly St

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 11 1907 that I last saw him alive on July 11 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Jno. G. Stiefel M.D.

Address 901 Mycrest Ave

Date July 11 1907

Place of Burial Mont auburn

Date July 12 1907

Undertaker John H Owens & Son

Address 1122 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 2544 Registered No. B C 2544

CERTIFICATE OF DEATH.

1206

(Place of Death.) No. 1109 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Russell Bate.

{ Residence, if in Baltimore, Give Street and Number. } 1109 N. Carey St.,

Duration of Residence in Baltimore. 6 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1st 1833

AGE 74 years, 4 months, 10 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) England.

FULL NAME OF FATHER John Bate

BIRTHPLACE OF FATHER (State or country) England.

MAIDEN NAME OF MOTHER Anna Littleton

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED Timber Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Meack

(Address) 1 S. Gay St., Md.

Filed 7/12 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 14th 1906 to July 11th 1907 that I last saw ~~him~~ alive on July 11th 1907, and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary ~~or Immediate~~.)

Parenchematous Nephritis I

Mitral Insufficiency - I General anasarca of body

Seven months (DURATION) DAYS

Contributory (Primary.) Gouty diathesis

Enlarged prostate (DURATION) 6 years DAYS

(Signed) Wm. C. Dodd, M.D.

Address 1900 Maryland Ave

Date July 11th 1907

Place of Burial Cincinnatti Ohio

Date July 13" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2545 Registered No. B C 2545

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 N. Fremont av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A Stuart

{ Residence, if in Baltimore, Give Street and Number. } 1117 N Fremont av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR W

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Harry Stuart

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie B. Stuart

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Annie B Stuart

(Address) 1117 N Fremont av

Filed 7/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10, 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 9 1907 that I last saw h[illegible] alive on July 9 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epinictus

(DURATION) 1 DAYS

Contributory (Primary.) Marasmus

Cause 3 (DURATION) 0, DAYS

(Signed) J. Whitridge M.D.

Address 317 N Carrollton av

Date July 12 1907

Place of Burial Loudon Park

Date July 13 1907

Undertaker H. C. Branning

Address 5 S. Poppleton st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 C 2546 Registered No. B C 2546

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 107 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. Moravetz.

{ Residence, if in Baltimore, Give Street and Number. } 107 N. Chapel St.

Duration of Residence in Baltimore. 4yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 22 1907

AGE ..... years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Moravetz

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Tony Slama

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Moravetz

(Address) 107 N. Chapel St

Filed 7/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to July 12th 1907 that I last saw him alive on July 11th 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cholera Infantum

2 weeks (DURATION) — DAYS

(Signed) A. G. Rytina M.D.

Address 2214 E. Monument St

Date 7/12/07 190

Place of Burial Oak Hill

Date July 13 1907

Undertaker Grant & Gracie

Address 1904 Gaylord Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2547 Registered No. B C 2547

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 2218 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Genevieve Gray.

{ Residence, if in Baltimore, Give Street and Number. } 2218 E. Monument St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Gray

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rosie Woolen

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gray

(Address) 2218 E. Monument St

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to July 11th 1907 that I last saw h[illegible] alive on July 10th 1907 and that death occurred, on the date stated above, at 5:40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Absolute Intestinal Obstruction (DURATION) 1½ DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) John Dyd M.D.

Address 1937 E. Monument

Date July 11th 1907

Place of Burial Baltimore Cemetery

Date July 12 1907

Undertaker Frank Brach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2548 Registered No. B C 2548

8/V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Marney

{Residence, if in Baltimore, Give Street and Number.} 603 Fourth St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: July 15- 1725

AGE: 82 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Marney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Hughes

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Marney

(Address) 429 Roland Ave

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 10 1907 that I last saw h Er alive on July 10 1907, and that death occurred, on the date stated above, at 7.53 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

Few hours (DURATION) — DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) DAYS

(Signed) C. L. Jennings M.D.

Address St. Josephs Ger. Hosp.

Date July 10 - 1907

Place of Burial New Cathedral

Date July 13- 1907

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2549

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2549

City of Baltimore, (No. 5 S. Catharine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha E. Jordon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wht

DATE OF BIRTH: Nov 2 7th 1906 (Month) (Day) (Year)

AGE: ..... years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H Jorden

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Parker

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jorden

(Address) 5 S Catharine St

Filed 7/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 11 1907 that I last saw h alive on July 11 1907, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. W. Fuis M. D.

July 11 1907 (Address) 12 E 20th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: July 13th 1907

UNDERTAKER: A F Philbin — ADDRESS: 1711 Mad Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2550

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2550

City of Baltimore, (No. 715 S. Luzerne St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME William Szymanske

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 11 1907 (Month) (Day) (Year)
AGE	years, 5 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Butte City
FULL NAME OF FATHER	John Szymanske
BIRTHPLACE OF FATHER (State or country)	Butte City
MAIDEN NAME OF MOTHER	Mary Antowiak.
BIRTHPLACE OF MOTHER (State or country)	Butte City
OCCUPATION OF DECEASED	none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo L Sileacks MD

(Address) 105 S. Bond St.

Filed 7/12 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to 10 July 1907 that I last saw him alive on 10 July 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Geo L Sileacks M. D.

July 11 1907 (Address) 105 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Stanislaus	July 12 1907
UNDERTAKER	ADDRESS
Jacob Siakowski	728 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 2551 Registered No. B C 2551

CERTIFICATE OF DEATH.

514

(Place of Death.) No. St. Vincent's Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Pauline West

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infl. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: June 28th 1907

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 10 1907 that I last saw him alive on 11/10 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 12 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date July 12th 1907

Place of Burial New Cathedral

Date July 12 th 1907

Undertaker P. Martin Sons & Lane

Address 106 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2552 Registered No. B C 2552

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Little

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH	July 6th 1907
AGE	....years, ...months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf Asy.

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to July 10 1907 that I last saw h.. alive on July 10 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick F Manley M.D.

Address .....

Date 7/11 1907

Place of Burial New Cathedral

Date July 12th 1907

Undertaker Mart Baker & Sons

Address 1106 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2553 Registered No. B C 2553

93V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Margaret Lesser

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	Col
DATE OF BIRTH	Oct 16th 1906
AGE	1 years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Pa
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 7/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 10 1907 that I last saw him alive on July 10 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address —

Date 7-11-07 1907

Place of Burial New Cathedral

Date 1907

Undertaker Martin Fahey Jr.

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 — C 2554 — Registered No. B C 2554

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lloyd Fields

{Residence, if in Baltimore, Give Street and Number.} 712 Saratoga St.

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M—

COLOR: Black-

DATE OF BIRTH: 1

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Fields

(Address) 712 W Saratoga

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11— 1907

I HEREBY CERTIFY, That I attended deceased from July 6 — 1907 to July 11 1907

that I last saw h im alive on July 11 — 1907

and that death occurred, on the date stated above, at 12.45 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) 6 DAYS

Con'tributory (Primary.) Heart failure

(DURATION) 3 DAYS

(Signed) H. N. Esher M.D.

Address City Hospital

Date July 11— 1907

Place of Burial National

Date July 13 1907

Undertaker Jno H. Jones

Address 942 Mosher St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 2555 Registered No. B C 2555

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 McDonough St. (If Deaths occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jessie C Kepler

{Residence, if in Baltimore, Give Street and Number.} 1110 McDonough st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 7th 1

AGE 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William C. Kepler.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary E. Howard

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Kepler

(Address) 1110 McDonough st

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUL 10 1907 190

I HEREBY CERTIFY, That I attended deceased from July 8, 1907 to July 9, 1907 that I last saw h alive on July 9, 1907, and that death occurred, on the date stated above, at 1 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 2 DAYS

Con'tributory (Primary) Epilepsy

(DURATION) life DAYS

(Signed) A. Lee Magruder M.D.

Address 1205 E. Preston St.

Date July 10, 1907

Place of Burial Baltimore Cem.

Date JUL 12 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Dr. Magruder 1205 E. Preston St.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2556

City of Baltimore, (No. 120 N Carrollton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Buckley

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR N.

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John O'Buckley.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Ellen Omera

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED School teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 7/12 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. 11. 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1907, to July 11 1907 that I last saw her alive on July 11 1907, and that death occurred, on the date stated above, at 2. P. M. The CAUSE OF DEATH was as follows:

Uremia,
Superinduced by pregnancy

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A. D. Kriscal M. D

190 (Address) 261 Poplar

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New Cathedral

DATE OF BURIAL July 13 1907

UNDERTAKER M Cadogan

ADDRESS 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2557

City of Baltimore, (No. 1422, St. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kuningunda Kochlerschmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. (Month) 11 (Day) 1827 (Year)

AGE: 80 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Miller

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Kuningunda Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Kochlerschmidt

(Address) 513 N. Stricker St.

Filed 7/12 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1903 to July 10 1907

that I last saw her alive on " " 1907,

and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Heart disease

(DURATION) ____ DAYS

Contributory Nephritis, Old age, unknown (DURATION) ____ DAYS

(Signed) Chas. C. Conser M. D.

7/11 1907 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Schwartz's Corn. DATE OF BURIAL: July 13 1907

UNDERTAKER: Geo J Smith Co ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7th 1 C 2558 Registered No. B C 2558

CERTIFICATE OF DEATH.

(Place of Death.) No. 2241 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. B. Humphreys

{ Residence, if in Baltimore, Give Street and Number. } 2241 Mc Elderry

Duration of Residence in Baltimore... Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 11th 1907

AGE: ..... years, one months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. Humphreys

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Susie M. Seitz

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/12 1907 HARRY G. ANDRE Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 11 1907 that I last saw h im alive on July 11 1907, and that death occurred, on the date stated above, at 4 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alfred J. Gaegl M.D.

Address 727 N Broadway

Date 7/11/07 1907

Place of Burial Balto Cemetery

Date July 12 1907

Undertaker E J Hannig

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

104 V

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 2559 Registered No. B C 2559

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 Baxter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Money

{Residence, if in Baltimore, Give Street and Number.} 107 Baxter

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. 1866

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James Hagerty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Nat Known

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Money.

(Address) 107 N Baxter

Filed 7th 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

F x P

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. 11th. 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 11th 1907 that I last saw h[illegible] alive on July 11th. 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease Heart.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas H. Moynes M.D.

Address 1516 E Baltimore

Date July 12th 1907

Place of Burial St Patricks Area Cathedral

Date July 13, 1907

Undertaker Edw. I. Fanning, FUNERAL DIRECTOR.

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2560

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Wilson Sanitarium

Registered No. B C 2560

City of Baltimore, (No. 748 Ryan St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roland Porter

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Feb — (Month) (Day) 1907 (Year)

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Harry Porter

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Porter

(Address) 748 Ryan

Filed 7/12 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 11 1907 that I last saw h im alive on July 11 1907, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Ileo-colitis (Ulcerative)

four weeks. (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) H. L. Whittle M. D.

July 11 1907 (Address) 906 Gorsuch Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 748 Ryan St How long at Place of Death? ..... Days

Where was disease contracted if not at place of death? ..... Baltimore

PLACE OF BURIAL OR REMOVAL Shafts Pt

DATE OF BURIAL Jul 11 1907

UNDERTAKER W. J. Fisher

ADDRESS Camden & Paca St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 23 C 2561 Registered No. B C 2561

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. E. Frringer

{ Residence, if in Baltimore, Give Street and Number. } 1622 S Charles St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 30 1907

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward Frringer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Florence Miller

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Frringer

(Address) 1622 S Charles St

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 12 1907

that I last saw h[illegible] alive on July 11 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mal-Nutrition

(DURATION) 12 DAYS

Contributory (Primary.) Premature Birth (DURATION) 12 DAYS

(Signed) R. E. K. Campbell M.D.

Address 1644 Hanover St.

Date July 12 1907

Place of Burial London Park Cem

Date July 12 to 1907

Undertaker E. Schloman & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 2562 Registered No. B C 2562

1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 S Gindall St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon Metzler

{Residence, if in Baltimore, Give Street and Number.} 239 Gindall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 30th 1906

AGE: ..... years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John W Metzler

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Hettie Feuerstein

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Metzler

(Address) 239 Gindall St

Filed 7/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1907

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to July 12th 1907

that I last saw him alive on July 11th 1907,

and that death occurred, on the date stated above, at 1230 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 12 hrs DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) T. J. O'Connell M.D.

Address 340 S Chapel St

Date July 12th 1907

Place of Burial Cedar Hill Cem

Date July 13th 1907

Undertaker E. Schlosman & Son

Address 103 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2563 Registered No. B C 2563

CERTIFICATE OF DEATH.

1764

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Andrew Shorter

{Residence, if in Baltimore, Give Street and Number.} 789 Sarah Ann

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH 1

AGE 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Shorter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lottie Shorter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Shorter

(Address) 789 Sarah Ann St

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 8 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h~~alive~~ on 190,

and that death occurred, on the date stated above, at 3 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Tetanus due to wounds inflicted by bicycle Spoke (DURATION) DAYS

Contributory (Primary) (Fractured skull, Trauma with brain injury) (DURATION) DAYS

(Signed) Geo. Cullen M.D.

Address Coroner House

Date July 10 — 1907

Place of Burial Mt Auburn Cem

Date July 12 1907

Undertaker Ehrlich & Mattfeldt

Address 846 Hollins Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2564

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2564

City of Baltimore, (No. 600 N. Spring St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Woodfork.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 5 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Martin Woodfork

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Brown.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mary Woodfork

(Address) 600 N. Spring st.

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to July 11 1907 that I last saw h.. alive on July 10 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis

between one and two (DURATION) Months DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) Walter A. Wilke M. D.

July 12 1907 (Address) 1107 N. Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: July 14 1907

UNDERTAKER: R. F. Ellicott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C 2565

Ward 10

Registered No. B C 2565

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel J. Brown

{Residence, if in Baltimore, Give Street and Number.} 1404 E. Madison St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie L uncles

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Annie Brown

(Address) 1404 E madison St

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 9th 1907 to July 11th 1907

that I last saw h alive on July 9th 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Pneumonia Tuberculosis Sanguinis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1220 E. Fayette

Date July 12th 1907

Place of Burial Laurel

Date July 13 1907

Undertaker R. F Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 2565 Registered No. B C 2566

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Ennis

{Residence, if in Baltimore, Give Street and Number.} Rear of 1616 E. Baltimore St

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: —

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Abraham Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Willing

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Mother Margaret Ennis
(Informant)

(Address) 826 Ensor st Church

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 10 1907 that I last saw her alive on July 10 1907, and that death occurred, on the date stated above, at 9.3. P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia.

(DURATION) 3 DAYS

Contributory (Primary.) Anaemia

(DURATION) 2 yrs DAYS

(Signed) Geo. H. Pfluegen M.D.

Address St Joseph's Hospital.

Date July 10 1907

Place of Burial Laurel

Date July 13th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 — C 2567 — Registered No. B C 2567

CERTIFICATE OF DEATH.

(Place of Death.) No. 416 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarrah E. Smith

{Residence, if in Baltimore, Give Street and Number.} 416 N Durham

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jacob Clinton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sophia Clark

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 416 N Durham

(Address) Husband Edgar Smith

Filed 7/12 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 — 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to July 10 1907 that I last saw her alive on July 9 1907 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma & Bright's Disease

(DURATION) 30 DAYS

Contributory (Primary.) to Heart

(DURATION) 30 DAYS

(Signed) Dr. W. Kennard M.D.

Address 708 Ensor St

Date July 10 1907

Place of Burial Ashbury

Date July 12 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his, or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 2568 Registered No. B C 2568

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Solomon Toogood~~ 833 Boyd Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomon Toogood

{ Residence, if in Baltimore, Give Street and Number. } 833 Boyd Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH September 16th 1871

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Toogood

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER Ann Thomas

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Toogood

(Address) 833 Boyd Street

Filed 7/12 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 11 1907

that I last saw h--- alive on July 10 1907,

and that death occurred, on the date stated above, at 1.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Gangrene

2 weeks (DURATION) ..... DAYS

Contributory (Primary.) ~~Syphilis~~ Pneumonia

2 hours (DURATION) ..... DAYS

(Signed) C. H. Fowler M.D.

Address 712 S. Broadway

Date July 12 1907

Place of Burial Mount Auburn

Date July 13th 1907

Undertaker J. H. Brown & Son

Address 1108 E. Montgomery St

2½ P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 2569 Registered No. B C 2569

74 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frances E Mac Cubbin

{Residence, if in Baltimore, Give Street and Number.} 1825 Aisquith St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 8 1859

AGE: 48 years, 9 months, 2 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Andrew J. Taylor

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary J. Grosscup

BIRTHPLACE OF MOTHER (State or country): Penna.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roland MacCubbin,

(Address) 1825 Aisquith St.

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 10 1907

I HEREBY CERTIFY, That I attended deceased from 190 to July 10 1907

that I last saw h[illegible] alive on July 10 1907

and that death occurred, on the date stated above, at 3:40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Tumor

Central.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hosp

Date 7/10 1907

Place of Burial Loudon Park

Date July 13 1907 1907

Undertaker Robert S. Little.

Address 532 N. Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2570 Registered No. B ..... C 2570

CERTIFICATE OF DEATH.

(Place of Death.) No. 2514 Hudson St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Albert V Jacobs

{ Residence, if in Baltimore, Give Street and Number. } 2514 Hudson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 27 1906

AGE 1 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Albert V Jacobs

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Mary C Venker

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert V. Jacobs

(Address) 2514 Hudson St

Filed 7/12 1907 HARRY C. ANDREWS? PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 10 1907 that I last saw h alive on July 10 1907, and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

DURATION) 4 DAYS

Contributory (Primary.) Exhaustion

DURATION) DAYS

(Signed) A L Long M.D.

Address 2429 Guilford Ave

Date July 11 1907

Place of Burial Mt. Carmel Cem

Date July 12 1907

Undertaker Handerson

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ✓ C 2571 Registered No. B C 2571

105 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 S Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Jos A Kaweckis

{Residence, if in Baltimore, Give Street and Number.} 902 S. Ann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Edward Kaweckis

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Francis Linz

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Kaweckis

(Address) 902 S. Ann St

Filed 7/12 1907 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 11 1907 that I last saw h... alive on July 11 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chas Intestinum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wentzen M.D.

Address 1[illegible] Pratt

Date July 12 1907

Place of Burial Holy Rosary.

Date Saturday July 13" 1907

Undertaker M. F. Radowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

deceased, and the **cause and date of death.**

Ward ..... C 2572 Registered No. B ..... C 2572

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 S Hore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Gizinsky

{ Residence, if in Baltimore, Give Street and Number. } 1211 S. Hore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto, Md

FULL NAME OF FATHER John Gizinsky

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lizzie Socka

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gizinsky

(Address) 1211 S. Hark St

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 7th 1907 to July 11th 1907 that I last saw h[im] alive on July 11th 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 4 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. N. Ether, M.D.

Address 2 Hudson St E.

Date July 11 1907

Place of Burial Holy Rosary

Date July 12 1907

Undertaker M. F. Jackowski

Address 708 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2573 Registered No. B C 2573

CERTIFICATE OF DEATH.

(Place of Death.) No. 891 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nannie J. Kelly

{Residence, if in Baltimore, Give Street and Number.} 891 Greenmount Ave

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 14 1877

AGE 30 years, 1 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Luke Kelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jane McGuire

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Kelly

(Address) 891 Greenmit Ave

Filed 7/12 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

Dr Denton

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to July 11 1907

that I last saw her alive on July 11 1907

and that death occurred, on the date stated above, at 6 a m

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Exhaust & Mal

(DURATION) DAYS

(Signed) James M Denton M.D.

Address 706 E Chase St

Date July 12 1907

Place of Burial Cathedral

Date July 13 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 2574 Registered No. B C 2574

1187

CERTIFICATE OF DEATH.

(Place of Death.) No. 116 Harford Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline J. Williams

{Residence, if in Baltimore, Give Street and Number.} 116 Harford Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 5th 1903

AGE 3 years, 9 months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jacob P. Williams

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary Etzel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Williams

(Address) 116 Harford Road

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 7th 1907 to July 11th 1907 that I last saw her alive on July 11 1907 9.20 and that death occurred, on the date stated above, at 9.30 M. CAUSE OF DEATH (Secondary or Immediate)

Tentonitis (Appendicitis abscess)

about (DURATION) 2 DAYS

Contributory (Primary) Shock

(DURATION) DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date July 11th 1907

Place of Burial Holy Redeemer Cem

Date July 13th 1907

Undertaker Henry Hoeche & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2575 Registered No. B ..... C 2575

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name Instead of Street and Number)

Full Name Sister Mary Dorathea

{ Residence, if in Baltimore, Give Street and Number. } Mt Royal Apartments

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 8 1862

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Frank Cooke

BIRTHPLACE OF FATHER (State or country) Baltimore. Md

MAIDEN NAME OF MOTHER Helen Gatchell

BIRTHPLACE OF MOTHER (State or country) Baltimore. Md

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnesie C. Wood

(Address) The Mt Royal Apt.

Filed 7/12 190 7

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from April 23 1907 to July 11 1907

that I last saw h alive on July 11 1907

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Sarcoma of Thyroid Gland

(DURATION) ..... DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkins Hosp

Date 7/11 1907

Place of Burial Greenmount

Date July 13th 1907

Undertaker Howe Jenkins & Sons Co.

Address 1300 W. Madison & Howard Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C 2576 · Registered No. B C 2576

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1102 Myrtle ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Julia Madden

{ Residence, if in Baltimore, Give Street and Number. } 1102 Myrtle ave

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1838

AGE 69 (69) years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Henry

(Address) 1102 Myrtle Av

Filed 7/12 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907

I HEREBY CERTIFY, That I attended deceased from June 19th 190 to July 11th, 1907 that I last saw her alive on July 10th 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from advanced age, and the extreme heat

Contributory (Primary) She has been very much prostrated (DURATION) DAYS from the beginning of her illness, and has so continued to the last (DURATION) DAYS

(Signed) John J Pennington M.D.

Address The Marlborough

Date July 11th 1907

Place of Burial St Peters Cem-

Date July 13th — 1907

Undertaker M Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the

Ward 14 C 2577 Registered No. B C 2577

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 Wilmore Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Maguire

{ Residence, if in Baltimore, Give Street and Number. } 1403 Wilmore Al

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Unknown
AGE	65 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Maguire
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Sarah Foy
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Murray

(Address) 1403 Wilmore Av

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1907

I HEREBY CERTIFY, That I attended deceased from July 3rd 1906 to July 10th 1907 that I last saw h-- alive on July 10th 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Epithelioma of face

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 700 Lex. Av.

Date July 12th 1907

Place of Burial Cathedral [illegible]

Date July 1907

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 2578 Registered No. B C 2578

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Pierce st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Ada B. Mason

{Residence, if in Baltimore, Give Street and Number.} 915 Pierce st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR Black.

DATE OF BIRTH July 8. 1907

AGE — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thomas Gibson

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Ada B. Mason

BIRTHPLACE OF MOTHER (State or country) Balto City.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907.

I HEREBY CERTIFY, That I attended deceased from July 8. 1907 to July 11 1907 that I last saw her alive on July 10 1907 and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Herbert S. Blake M.D.

Address 1014 N. La Fayette

Date July. 12. 1907

Place of Burial COLLEGE OF P. & S.

Date JUL 12 1907 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

110

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 2579

City of Baltimore, (No. 33 South Bethel St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Saunders

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1875 (Year)

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James Saunders

BIRTHPLACE OF FATHER (State or country): Cambridge Md

MAIDEN NAME OF MOTHER: Martha Carmish

BIRTHPLACE OF MOTHER (State or country): Cambridge Md

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) alice Rogers

(Address) .....

Filed 7/12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 10th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 10 1907 that I last saw h[er] alive on July 9 1907, and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 3 mo DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) A. A. Brudrick M. D.

July 10 1907 (Address) 7 E. Biway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury C | DATE OF BURIAL: July 13th 1907

UNDERTAKER: Wm J G Jackson | ADDRESS: 421 Mulberry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2580

City of Baltimore, (No. 1522 Barrows St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elma D Lowman Lowman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: August 12th 1906 (Month) (Day) (Year)

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Duncan Lowman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Booth

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Lorman mother

(Address) 1522 Borough st.

Filed 7/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 12 1907

that I last saw him alive on July 11, 1907,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Cholera and enteritis

(DURATION) 12 DAYS

Contributory Diarrhoea

(DURATION) 2 DAYS

(Signed) Wm. D. McDonald M. D.

July 12 1907 (Address) 300 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: July 13th 1907

UNDERTAKER: Jos. Stanfield | ADDRESS: 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2581 Registered No. B C 2581

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herbert M. Duangesser

{Residence, if in Baltimore, Give Street and Number.} 413 N. Rose St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Nov 26 1906

AGE ..... years, 7 months, 15 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Conrad Duangesser

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Anna Katherine Babbitz

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Duangesser

(Address) 413 N. Rose St

Filed 7/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 12 1907 that I last saw him alive on July 6 1907, and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer Entero.

(DURATION) 9 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. C. Dearn M.D.

Address 156 Lexington Ave

Date July 12 1907

Place of Burial Mt. Carmel Cem

Date 7/14/07 190

Undertaker J. Herwig & Son

Address 2008 Aliceanna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2582 Registered No. B C 2582

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 W. Chase St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Commerin

{Residence, if in Baltimore, Give Street and Number.} 208 W. Chase St.

Duration of Residence in Baltimore. 2 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afric. Amer.

DATE OF BIRTH: 1887

AGE: 20 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Sam R. Bryan

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: U

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs William Commerin

(Address) 208 W. Chase St

Filed 7/13 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 12th 1907

I HEREBY CERTIFY, That I attended deceased from July 12th 1907 to July 12th 1907 that I last saw h-r alive on July 12th 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

Immediate (DURATION) DAYS

Contributory (Primary.) Labor

" " (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date July 13th 1907

Place of Burial Newburn N. C.

Date July 13 — 1907

Undertaker Robert-A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 2583 Registered No. B C 2583

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010. E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel B. Dieffenbach

{ Residence, if in Baltimore, Give Street and Number. } 1010 E Hoffman St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 8th 1907

AGE ... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robt. DeHuff

BIRTHPLACE OF FATHER (State or country) Glen Rock Pa

MAIDEN NAME OF MOTHER Rose Dreany

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt DeHuff,

(Address) 1010. E. Hoffman St.

Filed 7/13 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1907

I HEREBY CERTIFY, That I attended deceased from July 8th 1907 to July 12th 1907

that I last saw h[illegible] alive on July 12 1907,

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(7½ months of Gestation)

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferson Brack M.D.

Address 2844 N Paca St

Date July 13 1907

Place of Burial Glen Rock, Pa.

Date July 12th 1907

Undertaker William Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 2584 Registered No. B C 2584

CERTIFICATE OF DEATH. 27V

(Place of Death.) No. 2741 Prospect (Calvert) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oswald Gibson

{ Residence, if in Baltimore, Give Street and Number. } 2741 Prospect Calvert

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 4 1880

AGE 27 years, 1 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) St. Louis

FULL NAME OF FATHER Peter Joseph Gibson

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minnie Whitbrick

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Box Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Gibson brother

(Address) 2741 Prospect St

Filed 7/13 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 9th 1907 to July 11th 1907

that I last saw him alive on July 10 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Morton M.D.

Address 1638 N Gilmor St

Date July 11th 1907

Place of Burial Trinity Cem

Date July 13th 1907

Undertaker Wm Cook

Address 502 E Hatherd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2585 Registered No. B C 2585

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 N. 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Harrison

{ Residence, if in Baltimore, Give Street and Number. } 411 N. 23rd St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W. Lite

DATE OF BIRTH Feb 19th 1907

AGE One years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John D. Harrison

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary E McCann

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Harrison

(Address) 411 N. 23rd St.

Filed 7/13 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 11 1907 that I last saw h.. alive on July 11 1907, and that death occurred, on the date stated above, at 4:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Failure (DURATION) 6 hours

(Signed) Walter Thomas M.D.

Address 1328 N. Carolina

Date July 12 1907

Place of Burial Loudenslager

Date July 14th 1907

Undertaker C. F. Phillips

Address 1711 Aliceanna

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 4 — C 2586 — Registered No. B C 2586

CERTIFICATE OF DEATH.

176

(Place of Death.) No. Md University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Scott

{Residence, if in Baltimore, Give Street and Number.} Elraton P.O. Anne Arundel Co.

Duration of Residence in Baltimore. 11 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: C

DATE OF BIRTH: 1843

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Basil Dorsey

(Address) 523 N. Vincent St

Filed 7/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Black Hæmorrhage in abdomen, intestines becoming gangrenous

(DURATION) 11 hrs DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address Conn

Date July 12 1907

Place of Burial Pasadena. Anne Arundel

Date July 13 1907

Undertaker H. Elliott & Son

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2587

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 V

CERTIFICATE OF DEATH.

Registered No. B C 2587

City of Baltimore, (No. 530 N. Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: Unknown 1 (Month) (Day) Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Launders

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund Scott

(Address) 530 N. Bruce St,

Filed 7/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Cyanosis (Post mortem)

Dr. Kirk)

Died Suddenly (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Silas Baldwin, (Coroner) M. D.

July 12 1907 (Address) 710 Lex. av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion

DATE OF BURIAL: July 13th 1907

UNDERTAKER: Helix B. Pyle

ADDRESS: 109 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — C 2588 Registered No. B C 2588

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give Its Name instead of Street and Number)

Full Name Robert Mullen

{Residence, if in Baltimore, Give Street and Number.} 207 Edgar Place

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR white

DATE OF BIRTH Oct 12 1864

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elsie Lieber

207 Edgar (Address) BAY VIEW ASYLUM

Filed 7/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to July 12 1907

that I last saw h.. alive on July 12 1907

and that death occurred, on the date stated above, at 6.55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) ... DAYS

(Signed) R R Vosmer M.D.

Address Bay View Hospt.

Date July 12 1907

Place of Burial Oakland

Date July 14 1907

Undertaker Geo. Knecht

Address Bay. Valley

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2589 Registered No. B ..... C 2589

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. 2724 N. Charles st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Adams Mifflin

{Residence, if in Baltimore, Give Street and Number.} 1016 Madison ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: January 14th 1856

AGE: 51 years, 5 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Samuel J. Adams

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Cornelia Baker

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr R W Mifflin

(Address) 1016 Madison ave

Filed 7/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1905 to July 12 1907 that I last saw her alive on July 12 1907 and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chr Aortitis & Aortic Stenosis several years

(DURATION) DAYS

Contributory (Primary.) Anasarca & Exhaustion (DURATION) 3 mos ~~DAYS~~

(Signed) Robert W. Mifflin M.D.

Address 1016 Mad. av

Date July 12 1907

Place of Burial Greenmount Cemetery

Date July 14th 1907

Undertaker Stewart Brown Co

Address 215 Park ave

✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 2590* Registered No. B C 2590

CERTIFICATE OF DEATH.

40 ✓

(Place of Death.) No. 708 L. Monument St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Maggie Frasier

{Residence, if in Baltimore, Give Street and Number.} 708 L. Monument St.

Duration of Residence in Baltimore. 32

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1867

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Richmond Va.

FULL NAME OF FATHER Edward Austin

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Frances Austin

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Frasier

(Address) 708 Monument St

Filed 7/12 1907 HARRY C. ANDREWS, PERETT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11th 1907,

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 11 1907 that I last saw her alive on July 16 1907, and that death occurred, on the date stated above, at 5.05 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach,

about 365 (DURATION) DAYS

Contributory (Primary.) Anasarca

(DURATION) 60 DAYS

(Signed) A. L. Tuckols, M.D.

Address 504 S. Paca St

Date July 11 1907

Place of Burial Mt Auburn Cemetery

Date July 12 1907

Undertaker Geo G Hooper

Address 607 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

C 2591 C 2591

Ward 18 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Rosenkrantz

{ Residence, if in Baltimore, Give Street and Number. } 111 S. Scott St.

Duration of Residence in Baltimore. 18

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 28 1857

AGE: 56 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Franz J. Rosenkrantz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lyes Sieder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marcus Rosenkrantz

(Address) 111 S Scott St

Filed 7/13 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

Interstitial Nephritis (DURATION) 5 Mos DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Frank Jones M.D.

Address Coroner

Date July 12th 1907

Place of Burial Western Cemetery

Date July 14th 1907

Undertaker N S Finch

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2592 Registered No. B C 2592

CERTIFICATE OF DEATH.

8/V

(Place of Death.) No. Bayview City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Columbus Rice.

{Residence, if in Baltimore, Give Street and Number.} 221 Parrish Alley.

Duration of Residence in Baltimore. 21 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Connecticut

FULL NAME OF FATHER: Reuben Rice

BIRTHPLACE OF FATHER (State or country): Harford Co. Md.

MAIDEN NAME OF MOTHER: Sarah A. Osborne

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Young

(Address) 1147 N. Calhoun

Filed July 13 1907

Reid

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 12 1907

that I last saw h in alive on July 12 1907

and that death occurred, on the date stated above, at 6.30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilation of Stomach

(DURATION) 10 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) H H Eshen M.D.

Address Bayview City Hospital

Date July 12 1907

Place of Burial Mt. Auburn Cem.

Date July 15 1907

Undertaker Thos. J. Slade & Son

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 2593

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2593

City of Baltimore, (No. 29, St. Ann's Av. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Amend.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: — (Month) — (Day) 1853 (Year)

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Philip McEntire

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah McElroy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Amend

(Address) 29 St Anns Ave

Filed Jy 13 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1906 to July 12, 1907, that I last saw her alive on July 11th 1907, and that death occurred, on the date stated above, at 9 9 A. M. The CAUSE OF DEATH was as follows:

Bright's disease,

(DURATION) DAYS

Contributory Heart failure.

(DURATION) DAYS

(Signed) Hugh Forsythe M. D.

July 13 1907 (Address) 424 E North Av,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: July 16 1907

UNDERTAKER: C. A. Widefield & A. Drummond Jr

ADDRESS: 211

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 Registered No. B C 2594

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Taylor

{Residence, if in Baltimore, Give Street and Number.} 1004 Leadenhall Street

Duration of Residence in Baltimore. about 8 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored.
DATE OF BIRTH	1
AGE	26 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	Walter E. Howard
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Frances Wilson
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Howard

(Address) 1004 Leadenhall St.

Filed July 13 1907 Registrar

E C D

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from Feb 12 1907 to July 12 1907

that I last saw her alive on July 10 1907

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) 90 DAYS

Con'tributory (Primary.) Articular Rheumatism (DURATION) DAYS

(Signed) H S McCaard M.D.

Address 136 W Hill St

Date July 12 1907

Place of Burial Norfolk Va.

Date July 13 1907

Undertaker John H. Troadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2595

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2595

City of Baltimore, (No. 1313 Carlton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Color
DATE OF BIRTH	Jan 1 (Month) (Day) 1877 (Year)
AGE	30 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	M D
FULL NAME OF FATHER	Chas Jones
BIRTHPLACE OF FATHER (State or country)	M D
MAIDEN NAME OF MOTHER	May Johnson
BIRTHPLACE OF MOTHER (State or country)	M D
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Jones

(Address) 1313 Carlton

Filed 7/13" 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to July 8 1907 that I last saw h im alive on July 8 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) M. A. Mahan M. D.

July 12 1907 (Address) 1711 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 14 1907
UNDERTAKER	ADDRESS
R L Parham	1213 Pennsylvania ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2596 Registered No. B C 2596

108V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Katherine L. Jordan

{ Residence, if in Baltimore, Give Street and Number. } Knoxville Tenn

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	May 11 1850
AGE	57 years, 2 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Edmund Loudey
BIRTHPLACE OF FATHER (State or country)	Me
MAIDEN NAME OF MOTHER	Mary Hammond
BIRTHPLACE OF MOTHER (State or country)	Conn
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. W. Jordon

(Address) Knoxville Tenn

Filed 6/13 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to July 12 1907

that I last saw h[illegible] alive on July 12 1907

and that death occurred, on the date stated above, at 4.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Post-operative shock

(DURATION) DAYS

Con'ributory (Primary.) Intestinal obstruction (DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date July 12 1907

Place of Burial Emory Va

Date JUL 13 1907 1907

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2597

Ward 5

C 2597

Registered No. B 61V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1437 N. Parrish Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Van Dyke Starfield

{Residence, if in Baltimore, Give Street and Number.} 1437 Parrish Al.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dec. 14. 1906.

AGE: — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo. Starfield

BIRTHPLACE OF FATHER (State or country): Howard County Md.

MAIDEN NAME OF MOTHER: Ella Snowden

BIRTHPLACE OF MOTHER (State or country): Howard County Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Shannon

(Address) 1442 Presstman St

Filed 7/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12. 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 12 1907 that I last saw him alive on July 12 1907, and that death occurred, on the date stated above, at 9.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Dentition

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman St

Date (Baltimore) July 13 1907

Place of Burial: Mt. Zion Cem

Date July 14 1907

Undertaker: Saml. N. Crosfield

Address 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 2598 Registered No. B C 2598

169 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 653 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H Goerne

{ Residence, if in Baltimore, Give Street and Number. } 653 Mulberry St

Duration of Residence in Baltimore. 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 1869

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Delia Dorsey

(Address) 663 W. Mulberry St

Filed 7/14 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 11 1907 that I last saw him alive on July 11 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.) Cerebral Hyperemia

Some Heart Prostration (DURATION) 11 DAYS

(Signed) W. E. Harris M.D.

Address 1344 Druid Hill Ave

Date July 12 1907

Place of Burial St. Peters Cem

Date July 16 1907

Undertaker Chas. H. Carruthers

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

C 2599

Ward 5 Registered No. B C 2599

1660

CERTIFICATE OF DEATH.

(Place of Death.) No. West Falls Ave near Centre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Richman

{ Residence, if in Baltimore, Give Street and Number. } 428 N. Carolina st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: July 6, 1893

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Max Richman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Esther Mashelinsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Richman

(Address) 428 N. Carolina St.

Filed

July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 10 to Date 190

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Crushed by

accident

(DURATION) DAYS

Contributory (Primary.) Fell of Window

accidentally fallen from (DURATION) DAYS

(Signed) Benj. D. Baughman M.D.

Address 1216 E. Caroline St.

Date July 13 1907

Place of Burial Hebrew Philip Rd Woodlawn Dale

Date July 15, 1907

Undertaker Mary Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 2 C 2600

Registered No. B C 2600

2 8 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 23 S. High St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esther Anne Siegel

{Residence, if in Baltimore, Give Street and Number.} 23 S. High St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Moses Siegel

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachil Puklic

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Siegel

(Address) 23 S. High st

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 12 1907 that I last saw h er alive on July 12 1907, and that death occurred, on the date stated above, at 11.45 M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 3 DAYS

Contributory (Primary) Pylophlebitis from navel infection (DURATION) Probably 1/4 DAYS

(Signed) J. C. Josephson M.D.

Address 4 N. Broadway

Date July 13 1907

Place of Burial Hebrew Philadelphia Rd. Dale

Date July 15 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, condition (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 3 Registered No. 2601

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 S. High St - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Isaak

{Residence, if in Baltimore, Give Street and Number.} 26 S. High St -

Duration of Residence in Baltimore. Since birth -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH 1

AGE 2 hours
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Leopold Isaak

BIRTHPLACE OF FATHER (State or country) Hungarien

MAIDEN NAME OF MOTHER Louise Kissler

BIRTHPLACE OF MOTHER (State or country) Hungarien

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leopold Isaak.

(Address) 26. S. High. St.

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907.

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 13 1907 that I last saw h.. alive on July 13 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea -

.....(DURATION)..... DAYS

Contributory (Primary) Premature birth

.....(DURATION)..... DAYS

(Signed) J. C. Josephson M.D.

Address 4 N. Broadway

Date July 13 1907.

Place of Burial Hebrew Philips Rd Rose Dale

Date July 15, 1907

Undertaker Max Levinson

Address 1620 ma Eldemyer St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 2602 Registered No. B C 2602

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1319 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence C Lang

{Residence, if in Baltimore, Give Street and Number.} 1319 Scott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 12 1901
AGE	— years, 6 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Chas Lang
BIRTHPLACE OF FATHER (State or country)	Pennsylvania
MAIDEN NAME OF MOTHER	Susie Connell
BIRTHPLACE OF MOTHER (State or country)	New Jersey
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Lang

(Address) 1319 Scott St

Filed July 14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 12 1907 that I last saw h[illegible] alive on July 12 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery and Enteritis

(DURATION) 12 DAYS

Contributory (Primary) Toxemia and Asthenia (DURATION) 1 DAY

(Signed) Jos E Prose M.D.

Address 155 Columbia Ave

Date July 12 1907

Place of Burial St. Peters Cemetery

Date July 14 1907

Undertaker Earl and Margaret E. Flynn

Address 42 S. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 2603 Registered No. B C 2603

271

CERTIFICATE OF DEATH.

(Place of Death.) No. 515 Mc Mechen St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Minnie Hammond

{ Residence, if in Baltimore, Give Street and Number. } 515 Mc Mechen St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fenal | COLOR Colored

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Hammond

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Johns

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mary Manns

Address 515 Mc Mechen St

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from May 4 1907 to July 12 1907

that I last saw h alive on July 12 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Five months (DURATION) — DAYS

Contributory (Primary.) Pleurisy

(DURATION) — DAYS

(Signed) Edward J Wheatley M.D.

Address 1238 N. Eutaw St

Date July 12 1907

Place of Burial Mt Auburn

Date July 14 1907

Undertaker Wm J Johnson

Address 614 Baker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 2604 — Registered No. B C 2604

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 258 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Samet

{Residence, if in Baltimore, Give Street and Number.} 258 N Exeter St.

Duration of Residence in Baltimore. from birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 16th 1907

AGE: — years, 1 month, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wolf Samet

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Roth

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wolf Samet

(Address) 258 N Exeter

Filed Jul 14 1907 Reg'd

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 9 1907 that I last saw him alive on " " 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

(DURATION) 6 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) M. M. Savage, M.D.

Address 1121 E. Baltimore

Date July 14th 1907

Place of Burial Rendale

Date July 14 1907

Undertaker Percy Levinson

Address 1620 Mt. Elliott Rd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21

Registered No. B C 2605

1796

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 N Cross St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Evelyn M Freeman

{Residence, if in Baltimore, Give Street and Number.} 1236 N Cross St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 26 1907

AGE: — years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore MD

FULL NAME OF FATHER: Charles Freeman

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Zola Devere

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Zola Freeman

(Address) 1236 N Cross St.

Filed

July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 13 1907

that I last saw her alive on July 12 1907,

and that death occurred, on the date stated above, at 12 00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

3 months (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) Jos E Ames M.D.

Address 55 Columbia av

Date July 13 1907

Place of Burial London Park

Date July 14 1907

Undertaker Armstrong & Douglas

Address 715 Fifth St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 2606 — Registered No. B C 2606

CERTIFICATE OF DEATH.

(Place of Death.) No. 2604 Hudson St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Laprowsky

{Residence, if in Baltimore, Give Street and Number.} 2604 Hudson St

Duration of Residence in Baltimore... 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Do not know date 1852

AGE: 55 years, ... months, ~~5~~ ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): Do not know

MAIDEN NAME OF MOTHER: Do not know

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Zubowski

(Address) 2604 Hudson St

Filed July 14 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 12 1907 that I last saw h[illegible] alive on July 12 1907, and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Cachexia (DURATION) ... DAYS

(Signed) O. L. Long M.D.

Address 2429 Fait Ave

Date July 15 1907

Place of Burial Holy Rosary

Date JUL 14 1907 190...

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — C 2607 Registered No. B C 2607

1052

CERTIFICATE OF DEATH.

(Place of Death.) No. 708 E. Fort ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Robert Leroy Fogler

{Residence, if in Baltimore, Give Street and Number.} 708 E. Fort ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 31 1906

AGE: ..... years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Robert B. Fogler

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Carrie Dixon

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert B. Fogler

(Address) 708 E. Fort ave

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 11 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 11 1907 that I last saw h in alive on July 11th 1907 at 6.30 A. M. and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary) Prostration from excessive heat (DURATION) ..... DAYS

(Signed) H. Lee Bryce M.D.

Address 1228 E. Chase

Date July 12 — 1907

Place of Burial Mt Olivet

Date July 14th 1907

Undertaker WILLIAM H. HIGDON.

Address 851 LINDEN AVE.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 2608 Registered No. B C 2608

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 E. Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Mortimer

{Residence, if in Baltimore, Give Street and Number.} 728 E. Fort Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: March 7 1906

AGE: 1 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles E. Mortimer

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Nellie Rogers

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Mortimer

(Address) 728 E Fort Ave.

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 13 1907 that I last saw him alive on July 12 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Meningitis

(DURATION) 3 DAYS

(Signed) Robt. P. F. Schmidt M.D.

Address 1718 E. Chase St.

Date 190

Place of Burial Mt Olivet Loudon Park.

Date July 15th 1907

Undertaker William H. Higdon

Address 851 Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 2609 — Registered No. B C 2609

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 2845 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Windsor

{Residence, if in Baltimore, Give Street and Number.} 2845 E. Fayette st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: August 23rd 1906

AGE: ..... years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Edward Windsor

BIRTHPLACE OF FATHER (State or country): Alexander Va

MAIDEN NAME OF MOTHER: Elizabeth Baecklin

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Windsor

(Address) 1845 E Fayette st

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 13 1907

that I last saw h[illegible] alive on July 12 1907

and that death occurred, on the date stated above, at 3 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) E. L. Blades M.D.

Address 1456 B'more

Date 190

Place of Burial St Patricks Cemetary

Date JUL 14 1907 190

Undertaker Christian Miller.

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C 2610 Registered No. B C 2610

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 S. Caroline St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Gordon

{Residence, if in Baltimore, Give Street and Number.} 214 S. Caroline St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH June 1 1907

AGE ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Ben. Gordon

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Lena Krantz

BIRTHPLACE OF MOTHER (State or country) Europe

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Chapman

(Address) 1008 E Fayette

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 13 1907 that I last saw her alive on July 13 1907, and that death occurred, on the date stated above, at 12 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea —

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Josephson M.D.

Address 4 N. Broadway

Date July 14 1907

Place of Burial Greenlawn

Date July 14 1907

Undertaker Wm Lemmon

Address 16 W Mt Pleasant Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 2611

28 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2614

City of Baltimore, (No. 433 N. Edon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Grollman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry Grollman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ray Klavansky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Grollman

(Address) 433 N. Edon St

Filed July 14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 14 1907 that I last saw h alive on July 12 1907, and that death occurred, on the date stated above, at 3 a M. The CAUSE OF DEATH was as follows:

Tubercular Meningitis

one month (DURATION) DAYS

Contributory Gastro Enteritis

(DURATION) DAYS

(Signed) Alfred Gellman M. D.

July 14 1907 (Address) 1526 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philad. Rosedale

DATE OF BURIAL: JUL 14 1907 (Month) (Day) (Year)

UNDERTAKER: Max Lewinsky

ADDRESS: 1620 N. Eldon

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2612 Registered No. B C 2612

105 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 1308 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Estella Dreer

{Residence, if in Baltimore, Give Street and Number.} 1308 W. Pratt

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 27th 1907

AGE ..... years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Wm. H. Dreer

BIRTHPLACE OF FATHER (State or country) Cecil County

MAIDEN NAME OF MOTHER Sallie Beard

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Wm. H. Dreer

(Address) 1308 W. Pratt St

Filed July 14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 6th 1907 to July 13th 1907 that I last saw h er alive on July 13 1907 and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'ributory (Primary.) Cholera Infantum (DURATION) 6 DAYS

(Signed) W Blaney M.D.

Address 110 S. Filmore st

Date July 13th 1907

Place of Burial Loudon Park

Date July 14th 1907

Undertaker John J Fields

Address 1200 W. Fontand st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C 2613

Ward 1

Registered No. B C 2613

CERTIFICATE OF DEATH.

(Place of Death.) No. 744 Pierce St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Bailey

{ Residence, if in Baltimore, Give Street and Number. } 744 Pierce street

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 63 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Petersburg Va.

FULL NAME OF FATHER: John Chaney

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Edith Chaney

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alverta Bailey

(Address) 744 Pierce St

Filed Jy 14 1907

Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1907

I HEREBY CERTIFY, That I attended deceased from July 8, 1907 to July 12 1907

that I last saw her alive on July 12 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D Grant Scott M.D.

Address 354 N. Biddle st

Date July 14th, 1907

Place of Burial Mt Auburn

Date July 14 1907

Undertaker Jno. H. Toadvine

Address 1142 Mitchell St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 2614 — Registered No. B C 2614

CERTIFICATE OF DEATH.

(Place of Death.) No. 941. Harmony Lane — St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Andrew Bailey

{Residence, if in Baltimore, Give Street and Number.} 941. Harmony Lane

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	July 22 1887
AGE	20 years, 4 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Thomas Bailey
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary Andrew
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Bailey

(Address) 814 Harmony Lane

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12th 1907

I HEREBY CERTIFY, That I attended deceased from May 17th 1907 to July 12 1907 that I last saw h[illegible] alive on July 12 1907, and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 90 DAYS

Contributory (Primary.)

Bronchitis (DURATION) 120 DAYS

(Signed) Edward Eichelberger M.D.

Address 1339 N. North Ave.

Date Balto July 13th 1907.

Place of Burial Laurel Cemetery

Date July 15 1907

Undertaker P. P. St. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 2615 — Registered No. B C 2615

CERTIFICATE OF DEATH.

(Place of Death.) No. ____ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Preston

{Residence, if in Baltimore, Give Street and Number.} 1013 Vine St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: Nov 25 1907

AGE: ..... years, 7 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Preston

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Laura Brooks

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Preston

(Address) 1013 Vine St

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 5. 1907 to July 10 1907

that I last saw her alive on July 10 1907,

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) DAYS

Contributory (Primary.) Chlor. Infantum

(DURATION) 10 DAYS

(Signed) F. H. Turner M.D.

Address 917 N. Carrollton Ave

Date July 12 1907

Place of Burial Mt. Auburn Cemetery

Date July 14 1907

Undertaker R. St. Gilmatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 2616 Registered No. B C 2616

CERTIFICATE OF DEATH.

(Place of Death.) No. 1928 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbora Kratochvil

{Residence, if in Baltimore, Give Street and Number.} 1928 E. Eager st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Matej Kratochvil

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Marie Sott

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mateš Kratochvil

(Address) 1928 E Eager st

Filed July 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. 12. 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile Convulsions

2 days (DURATION) DAYS

Contributory (Primary) Cardiac Thrombosis (DURATION) DAYS

(Signed) William Ryoacek M.D.

Address 2008 Oakland.

Date ..... 190 .....

Place of Burial Holy Redeemer.

Date July 14 1907

Undertaker Frank Gracik

Address 1904 Ashland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6. 27 | Registered No. B 6. 2617

CERTIFICATE OF DEATH.

74 V.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Lederman

{Residence, if in Baltimore, Give Street and Number.} 2028 Christian st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ——— 1

AGE: 9 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Abraham Lederman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Lederman

(Address) ———

Filed

Jan 14 1907 ———

Registrar

E Cad

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14 - 1907

I HEREBY CERTIFY, That I attended deceased from 4-24 1907 to 7-14 1907

that I last saw him alive on 7-14 1907

and that death occurred, on the date stated above, at 7.40 a m. CAUSE OF DEATH (Secondary or Immediate)

Respiratory Asthenia (Paresis medullae)

(DURATION) DAYS

Contributory (Primary.) Cerebellar Tumor

(DURATION) 6 weeks DAYS

(Signed) Chas Bagley M.D.

Address Hebrew Hospital

Date July 14 1907

Place of Burial Washington Road Hebrew Cemetery

Date July 14 1907

Undertaker C. F. Miller Company

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ~~C 2618~~ C 2618 Registered No. B ~~C 2617~~ C 2618

CERTIFICATE OF DEATH.

(Place of Death.) No. 233 N. Milton Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Pearl Silverfritz

{ Residence, if in Baltimore, Give Street and Number. } 233 N. Milton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 30th 1906

AGE ..... years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jackson Silverfritz

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jackson Silverfritz

(Address) 2332 N. Milton Ave.

Filed 7/14 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 12 1907 that I last saw her alive on July 12 1907, and that death occurred, on the date stated above, at 11.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis

(DURATION) 9 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) Geo Adler M.D.

Address 1937 Gough St

Date July 13 1907

Place of Burial Greenmount Cemetery

Date July 14 1907

Undertaker H. Lauder Sons

Address 310 Cathedral Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V C 2619 Registered No. B C 2619

CERTIFICATE OF DEATH.

(Place of Death.) No. 1824 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bronislaus Dombrosky

{Residence, if in Baltimore, Give Street and Number.} 1826 Canton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 14 to 1906

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto-Md

FULL NAME OF FATHER: John Dombrowski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Jozefa Polanowski

BIRTHPLACE OF MOTHER (State or country): Russia Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dombrowski (Parties)

(Address) 1824 Canton Ave

Filed 7/14 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sat. July 13 to 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h[illegible] alive on July 13 to 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Dysentery

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 16 S. Broadway

Date July 14 to 1907

Place of Burial Holy Rosary

Date Sunday July 14 1907

Undertaker M. P. Dallowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 2620 Registered No. B C 2620

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Malton Wright

{ Residence, if in Baltimore, Give Street and Number. } U. S. Marine Hospital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. T. Burkhalter

(Address) U. S. Marine Hospital

Filed 7/14 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to July 13 1907 that I last saw him alive on July 13 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

General arterio-sclerosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. Burkhalter M.D.

Address U. S. Marine Hospital

Date July 14 1907

Place of Burial M. E. Cemetery

Date July 15 1907

Undertaker H. C. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 2621 Registered No. B C 2621

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 Warner St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lenore Juniper

{ Residence, if in Baltimore, Give Street and Number. } 830 Warner St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Ernst Juniper

BIRTHPLACE OF FATHER (State or country): Balto. md

MAIDEN NAME OF MOTHER: Mollie Taylor

BIRTHPLACE OF MOTHER (State or country): Balto. md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernst Juniper

(Address) 1004 S Eutaw

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 13 1907 that I last saw h-- alive on July 13 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 3 DAYS

Con'ributory (Primary.)

(DURATION) 13 DAYS

(Signed) W. S. Smith M.D.

Address 528 Hanover St.

Date July 14 1907

Place of Burial Mt Auburn

Date July 15 1907

Undertaker Jno. N. Toadvine

Address 142 Whitehall St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 2622 — Registered No. B C 2622

137 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa Scarcella

{Residence, if in Baltimore, Give Street and Number.} 116 Albemarle St.

Duration of Residence in Baltimore. 9 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White.
DATE OF BIRTH: 1	
AGE: 25 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.	
BIRTHPLACE (State or country): Italy	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Italy	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Italy	
OCCUPATION OF DECEASED: Housework.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) N. C. Roberto

(Address) 217 President St

Filed 7/15 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 — 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 14 1907

that I last saw h alive on July 14 1907

and that death occurred, on the date stated above, at 4 9 M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Septicemia

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion.

(DURATION) 3 DAYS

(Signed) W. H. Baker M.D.

Address City Hospital

Date July 14 1907

Place of Burial St. Vincents

Date July 16th 1907

Undertaker Arundell Sippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 2623 Registered No. B C 2623

CERTIFICATE OF DEATH.

(Place of Death.) No. 402 S Wolfe St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Sommers

{ Residence, if in Baltimore, Give Street and Number. } 402 S. Wolfe St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 12th 1907

AGE: ..... years, ... months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles Sommers

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Julia F. Fischer

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Sommers

(Address) 402 S Wolfe St.

Filed 7/15 1907 Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 14 1907 that I last saw h— alive on July 14 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia —

(DURATION) 2 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Dr. A. K. Bruner M.D.

Address 1713 Bank

Date July 14 — 1907

Place of Burial Most Holy Redeemer

Date July 15th 1907

Undertaker John A. Ouman

Address Bank + Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — C 2624 — Registered No. B C 2624

108

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. McNear

{ Residence, if in Baltimore, Give Street and Number. } Pimlico Station

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 6 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Co.

FULL NAME OF FATHER John A. McNear

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. McNear

(Address) Pimlico Sta.

Filed 7/15" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 13 1907 that I last saw h[illegible] alive on July 13 1907, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception of bowels

Not known (DURATION) DAYS

Contributory (Primary.) Intestinal Leprosy (DURATION) DAYS

(Signed) F. H. Pflueger M.D.

Address St Josephs Hospital

Date July 13 1907

Place of Burial Rest Cathedral ~~Holy Cross~~.

Date July 15 1907

Undertaker Grudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 2625 Registered No. B C 2625

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 St. Lexington on Bay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mackenzie Lupin

{ Residence, if in Baltimore, Give Street and Number. } 948 S. Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: unknown 1850

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Wales

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas P Akers

(Address) 948 S Eutaw

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to July 1907 that I last saw h alive on — 190—, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj D Hayden M.D.

Address 1216 E Caroline Corner

Date July 15 1907

Place of Burial Baltimore Cemetery

Date July 17th 1907

Undertaker C A F Phillips

Address 1710 Madison

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2626

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2626

Registered No. B .....

City of Baltimore, (No. 2831 W. North Ave St.; 15th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Egnilla Missildine

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white.

DATE OF BIRTH: Apr. (Month) 4 (Day) 1836 (Year)

AGE: 71 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Isaac Landow.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Dickson

(Address) 3053 W. North Ave

Filed 7/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 23rd 1907 to July 12th 1907

that I last saw h er alive on July 12th 1907,

and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Inter. Nephritis. —

(DURATION) ..... DAYS

Contributory Uremia & Dilatation of heart. — (DURATION) 4 DAYS

(Signed) J. C. Dickson, M. D.

July 13th 1907 (Address) 3053 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: July 15 1907

UNDERTAKER: M. C. Syfer

ADDRESS: 1600 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C 2627

C 2627

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 2419 Foster ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Edwards

{Residence, if in Baltimore, Give Street and Number.} 2419 Foster av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 11th 1907

AGE ..... years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John C. Edwards

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Florence Eberle

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Edwards

(Address) 2419 Foster Ave

Filed 7/15 1907

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 14 1907 that I last saw her alive on July 14 1907 and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Dr. A. L. Long M.D.

Address 2429 Fait Ave

Date July 15 1907

Place of Burial Mount Carmel

Date July 16 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 2628 Registered No. B C 2628

176

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Druid Hill Av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Infant-of Mike and Fannie Goldman

{Residence, if in Baltimore, Give Street and Number.} 912 Druid Hill Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX m | COLOR W

DATE OF BIRTH 1

AGE 4 months — years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore md

FULL NAME OF FATHER Mike Goldman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Fannie Silverman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Kanerovitz

(Address) 402 Forest St

Filed 7/15 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1907

I HEREBY CERTIFY, That I attended deceased from July 14th 1907 to July 14th 1907

that I last saw h.. alive on July 14 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Instrumental Delivery.
Enteral Pneumonia
Asthenia.

(DURATION) DAYS

Contributory (Primary.) Contracted Pelvis (DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date July 14th 1907

Place of Burial Hebrew Philip Robinson

Date July 16 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 2629 — Registered No. B C 2629

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Dora Kahanowitz

{ Residence, if in Baltimore, Give Street and Number. } 1146 E Lombard st

Duration of Residence in Baltimore. 8 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Isaac Frink

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa Chankin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Kahanowitz

(Address) 1508 E Balto st

Filed 7/15 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1907 to July 14 1907

that I last saw h er alive on July 14 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute nephritis

(DURATION) 5 DAYS

Contributory (Primary.) Endocarditis

(DURATION) — DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date 190

Place of Burial Hebrew Philip R R Rows Dale

Date July 16, 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 2630 Registered No. B C 2630

CERTIFICATE OF DEATH.

92V

(Place of Death.) No. 529 Lambert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Satchell

{ Residence, if in Baltimore, Give Street and Number. } 529 Lambert st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH August 10th 1905

AGE 2 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER James Satchell

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Ethel Doosey

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel A Bain

(Address) 619 W Biddle

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to July 13th 1907

that I last saw h[illegible] alive on July 13th 1907,

and that death occurred, on the date stated above, at 1030 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

Sick about one week

(DURATION) DAYS

Contributory (Primary.) Rickets and Heavy Cold (DURATION) DAYS

(Signed) Samuel A. Bain M.D.

Address 619 W. Biddle

Date July 13th 1907

Place of Burial Mt Auburn Cem

Date July 15 1907

Undertaker J. A. Bushy

Address 1110 Pitcher Ave

WM. J. C. DULANY CO., BALTIMORE.

C 2631

105 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2631

City of Baltimore, (No. 572 Biddle alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME St. Paul Wells

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 4 (Month) 9 (Day) 1906 (Year)

AGE: 1 years, 3 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Wells

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Martha Penner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Whitelock

Filed 7/15 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to July 12 1907 that I last saw h[illegible] alive on July 12 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Gastro - Enteritis

(DURATION) 3 DAYS

Contributory Incipient Inanition

(DURATION) ..... DAYS

(Signed) M. A. Yates M. D.

July 14 1907 (Address) 1711 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem.

DATE OF BURIAL: July 15 1907

UNDERTAKER: J. A. Bishop

ADDRESS: 1107 Whitelock

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

condition (whether married or single) of the person

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 2632 Registered No. B C 2632

CERTIFICATE OF DEATH. IV

(Place of Death.) No. 716 N. Fremont Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Gaither

{ Residence, if in Baltimore, Give Street and Number. } 716 N Fremont Ave

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH — 1888

AGE 19 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Brookville Montgomery Co. Md

FULL NAME OF FATHER Ephraim Gaither

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lavina Ross

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm R Gaither

(Address) 716 N. Fremont

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from May 24 1907 to July 13 1907 that I last saw h'im alive on July 13 1907, and that death occurred, on the date stated above, at 12 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Enteritis

(DURATION) 43 DAYS

(Signed) John W Huck M.D.

Address 647 W Lafayette Ave

Date July 14 1907

Place of Burial Druid Ridge

Date July 16th 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 2633 Registered No. B C 2633

CERTIFICATE OF DEATH. 1514

(Place of Death.) No. 500 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J. Slimbach

{ Residence, if in Baltimore, Give Street and Number. } 500 N. Glover

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 5 1907

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John S. Slimbach

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Helen Lewis

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Slimbach

(Address) 500 N. Glover st.

Filed 7/15 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 14 1907 that I last saw him alive on July 13 1907, and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth & heart failure

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. O. Dearn M.D.

Address 156 Hamilton Ave

Date July 14 1907

Place of Burial Holy Cross Cem. Co

Date July 15 1907

Undertaker Wm. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 2634 — Registered No. B C 2634

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1121 Anderson St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lettie Buchman

{ Residence, if in Baltimore, Give Street and Number. } 1121 Anderson st

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: —

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Samuel Buchman

(Address) 1121 Anderson St.

Filed 7/15/07 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12 190 7

I HEREBY CERTIFY, That I attended deceased from Coroners Case 190 to — 190 —

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or immediate) Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hanghton M.D. Coroner

Address 1216 N. Caroline St.

Date July 14, 1907

Place of Burial Laurel

Date July 15 1907

Undertaker R. F. Ellicott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 2635 Registered No. B C 2635

104 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph D. Childs

{Residence, if in Baltimore, Give Street and Number.} 1219 W. Lombard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Childs

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sallie Ward

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1201 W. Lombard St

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 14 1907 that I last saw h alive on July 14 1907 and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute indigestion. This attack was probably precipitated by excessive alcohol influence

(DURATION) DAYS

Contributory (Primary.) Delirium

Two days (DURATION) DAYS

(Signed) John G. Bonnell M.D.

Address 1302 W. Lombard St

Date July 14 1907

Place of Burial Loudon Park

Date July 16th 1907

Undertaker John J. Fields

Address 1201 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2636

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2636

City of Baltimore, (No. 243 N. Appleton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Chas W. & Julia Akers

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: July (Month) 13 (Day) 1907 (Year)

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas W. Akers

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Julia McCarthy

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Stalder

(Address) 1200 W. Lombard

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13th 1907 to July 14th 1907 that I last saw her alive on July 14th 1907, and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Deficient Vitality due to Premature birth at 7 months

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Edwd F. Buchheister M. D.

1907 (Address) 115 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: July 16th 1907

UNDERTAKER: John Stalder — ADDRESS: 1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ... twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 2637 Registered No. B C 2637

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 145 W. Luzerne St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Margaret Louise McCluskeen

{Residence, if in Baltimore, Give Street and Number.} 145 W. Luzerne St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	October 31" 1906
AGE	— years, 8 months, 13 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles E. McCluskeen
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Margaret Rostemeyer
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. McCluskeen

(Address) 145 W. Luzerne St.

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 14" 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 14 1907

that I last saw h— alive on July 14 1907,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

5 Minutes (DURATION) DAYS

Contributory (Primary.) Enteritis

12 hours (DURATION) DAYS

(Signed) W. L. Tait M.D.

Address 1202 E Monument St.

Date July 14 1907

Place of Burial Cathedral Cemetery

Date July 15th 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

C 2638

Ward 7

Registered No. B C 2638

167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Museum Sq - Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie S. Scheffel

{ Residence, if in Baltimore, Give Street and Number. } 2202 Ramsay St

Duration of Residence in Baltimore. 1 1/2 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 21. 1876

AGE: 31 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mr Johns Scheffel

(Address) 2202 Ramsey st

7/15/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 13 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190[illegible]

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~a Contributory~~ Shock

Burned to death

while tampering dynamite

She went into the

Alley and set

fire to matches & the

Contributory (Primary.) Clothes and Body

(DURATION) DAYS

(DURATION) DAYS

coming the

(Signed) [illegible] M.D.

Address Coroner Phys

Date July 13 — 07 190

Place of Burial Lowdon Park

Date July 15 190 7

Undertaker Mrs Geo P. Paulust

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 2639 — Registered No. B C 2639

CERTIFICATE OF DEATH.

(Place of Death.) No. 2118 Boyd Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Fulkaske

{Residence, if in Baltimore, Give Street and Number.} Boyd Ave # 2118

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 12th 1879

AGE: 28 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: August Fulkaske

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Minnie Kersch

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Lock Smith.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Fulkaske

(Address) 2104 W. Pratt St.,

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14th 1907

I HEREBY CERTIFY, That I attended deceased from July 2nd 1907 to July 14th 1907 that I last saw him alive on July 11th 1907, and that death occurred, on the date stated above, at 2.35 P. M. CAUSE OF DEATH (Secondary ~~or Immediate~~.)

Secondary due Pulmonary Tuberculosis

About 10 months (DURATION) DAYS

Contributory (Primary.) Tuberculosis bacilli

(DURATION) DAYS

(Signed) Wm. C. Bodell, M.D.

Address 1900 Maryland Ave

Date July 14 1907

Place of Burial Western Cemetery

Date July 16 1907

Undertaker Mrs. Geo. P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2640

105 ✓

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 2640

Registered No. B

City of Baltimore, (No. 1614, Lamont ave St; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Francis Leo Bowman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 23, 1906 (Month) (Day) (Year)

AGE: One years, — months, Twenty days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Joseph K. Bowman

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Delia Casby

BIRTHPLACE OF MOTHER (State or country): Baltimore city

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph K. Bowman

(Address) No. 1614 Lamont ave

Filed 7/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 13, 1907 to July 13, 1907 that I last saw him alive on July 13, 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) One DAYS

Contributory Intestinal Catarrh

& Dentition (DURATION) DAYS

(Signed) R. R. Elsewell, M. D.

July 15, 1907 (Address) 1741 Hartford ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross | DATE OF BURIAL: July 15 1907

UNDERTAKER: H. C. Wiedefeld | ADDRESS: 914 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C 2641 Registered No. C 2641

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1732 Townsend Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Edward Schneider

{ Residence, if in Baltimore, Give Street and Number. } 1732 Townsend Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 23 1906

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank J Schneider

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margt M Smallwood

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt M Smallwood

(Address) 1732 Townsend Pl.

Filed July 15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14/07 1907

I HEREBY CERTIFY, That I attended deceased from July 13th 1907 to July 14th 1907

that I last saw him alive on July 13th 1907,

and that death occurred, on the date stated above, at 8 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Convulsions?

..... (DURATION) ..... DAYS

Contributory (Primary.) Acute Ileo Colitis

..... (DURATION) ..... DAYS

36 hours or more

(Signed) Dr. T. Riley M.D.

Address 1639 Bway

Date ..... 190...

Place of Burial New Cathedral

Date July 15 1907

Undertaker C J Weichsel Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 2642 *Registered No. B* C 2642

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 2211 Madison Ave *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adeline Ehrman

{Residence, if in Baltimore, Give Street and Number.} 2211 Madison Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH	1
AGE	57 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Don't Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Ehrman

(Address) 2211 Madison Ave

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1st 11 1907 to July 13th 1907 that I last saw h er alive on July 13th 1907 and that death occurred, on the date stated above, at 11-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Endocarditis

10 Years (DURATION) DAYS

Con'ributory (Primary.) Exhaustion

Lung Congestion (DURATION) 10 DAYS

(Signed) J. P. Chambers M.D.

Address 18 W Franklin St

Date July 15th 11 1907

Place of Burial Hebrew Friendship

Date July 16th 1907

Undertaker Ward & Goodheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

C 2643

Ward 24

Registered No. B

C 2643

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 Garret st St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Stanislav Smerczynsky

{ Residence, if in Baltimore, Give Street and Number. } 1405 Garret st

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 1903

AGE 4 years, 2 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ single

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER Stanislav Smerczynsky

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Stefanie Partinsky

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stefan Smerczynsky

(Address) 1405 Garret st

Filed 7/15 1907

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 14 1907

that I last saw him alive on July 13 1907 9.30 A. M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Collapsis (DURATION) 1 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Skaku M.D.

Address 1510 E. Fort Ave

Date 190

Place of Burial Holy Rosary

Date July 15th 1907

Undertaker J. D. Hunteloke

Address 818 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C 2644 Registered No. B C 2644

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Ann Keyser

{Residence, if in Baltimore, Give Street and Number.} 1615 E Federal St

Duration of Residence in Baltimore. 32 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 24. 1839

AGE: 67 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): York Pen.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tilonia E. Rayno

(Address) 1615 E Federal

Filed 7/15/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to July 13 1907 that I last saw her alive on July 13 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia, Bronchio—

.....(DURATION) 5 DAYS

Contributory (Primary.) Edema, scalding of right leg (Accident) (DURATION) 8 DAYS

(Signed) A. D. Macdonald M.D.

Address 1540 N Broadway

Date July 13 1907

Place of Burial Loudon Park

Date July 1907

Undertaker Robt. J. Lamb & Son

Address Gay & Oliver 1542 N. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 2645 Registered No. B C 2645

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Rr Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Elwood Botts.

{Residence, if in Baltimore, Give Street and Number.} 1018 N. Gilmor

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: W.
DATE OF BIRTH: Sept 10 1906	
AGE: — years, 10 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: G. H. Botts	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: L. G. Cross	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. H. Botts

(Address) 1018 N. Gilmor

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1907

I HEREBY CERTIFY, That I attended deceased from July 9th 1907 to July 14th 1907

that I last saw h[illegible] alive on July 14 1907

and that death occurred, on the date stated above, at ——

M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (ulceration)

Pyelitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos. McKnew Jr. M.D.

Address 804 Cathedral St

Date July 15th 1907

Place of Burial Greenmount Cem.

Date July 16 1907

Undertaker Josiah Depew

Address 1600 N Walbert ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 2646 — Registered No. B C 2646

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 St Paul St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine Agnes Shriver

{Residence, if in Baltimore, Give Street and Number.} 607 Saint- Paul St

Duration of Residence in Baltimore. All her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 21st 1890

AGE: 17 years, 4 months, 22 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Mark O. Shriver

BIRTHPLACE OF FATHER (State or country): Carroll Co Maryland

MAIDEN NAME OF MOTHER: Katharine A Dietrich

BIRTHPLACE OF MOTHER (State or country): Cincinnati Ohio

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mark. O. Shriver

(Address) 607 St Paul

Filed 7/15 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14th 1907

I HEREBY CERTIFY, That I attended deceased from June 5th 1907 to July 14th 1907

that I last saw her alive on July 14 1907

and that death occurred, on the date stated above, at 11 20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 10 DAYS

Contributory (Primary.) Valvular Dis. of Heart (DURATION) 10 Yrs

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St.

Date July 15 1907

Place of Burial Cathedral Cemetery

Date July 16th 1907

Undertaker H. W. Jenkins & Son Co

Address 300 to Madison Cor Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 2647 — Registered No. B C 2647

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes L Gosnell

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infk. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	2
COLOR	W
DATE OF BIRTH	Dec 3rd 1906
AGE	..... years, 7 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. I. Asy.

Filed 7/15 1907 HARRY C. ANDERSON PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to July 14 1907

that I last saw her alive on " " 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis - Entiritis

(DURATION) 4 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) P. J. Martin M.D.

Address .....

Date 7/15th 1907

Place of Burial New Cathedral

Date July 15th 1907

Undertaker Martin Dabney & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 2648 — Registered No. B C 2648

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infl. Asyl St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rose Hyacinth

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infl. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH June 14 1907

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to 14 1907 that I last saw h..... alive on ..... 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. Martin M.D.

Address .....

Date 7/15 th 1907

Place of Burial New Cathedral

Date July 15 th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2649 Registered No. B C 2649

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jones

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl. Asy.

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W.
DATE OF BIRTH	June 28th 1907
AGE	..... years, ... months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) ~~606 L~~ St. V. I. Asy.

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from July 1 190 to July 13 190 that I last saw h alive on 190, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Lifetime

(DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Patrick F. Maston M.D.

Address .....

Date 7/15 1907

Place of Burial New Cathedral

Date July 15th 1907

Undertaker Wm. J. Dulany & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 2650 C 2650

Ward 14 Registered No. B 1516

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Inf. Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothy Hunt

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Infnt. Asyl.

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX ♀ COLOR W.

DATE OF BIRTH May 25th 1907

AGE ..... years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asyl.

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 13 1907 that I last saw her alive on " " 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick F. Martin M.D.

Address .....

Date 7/15th 1907

Place of Burial New Cathedral

Date July 15th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 2651 — Registered No. B C 2651

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. St Vincent Inf asyl St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julianna Kunes

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Infl. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	June 4 1907
AGE	years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/15 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to July 14 1907 that I last saw h alive on 1907, and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Lifs (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address 1062 Lafayette

Date 1907

Place of Burial Mayo Cathedral

Date July 15th 1907

Undertaker Martin Dabney & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2652 Registered No. B C 2652

CERTIFICATE OF DEATH.

1054

(Place of Death.) No. St. Vincent Inf Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward E. Bowen

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infnt. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: March 12 1907

AGE: ..... years, 4 months, / days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: /

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/15 1907

HARRY [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HERBBY CERTIFY, That I attended deceased from July 1 190 to July 11 190 7 that I last saw h alive on 190, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Ent. Colitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 7/15

Date 190 7

Place of Burial New Cathedral

Date July 15-th 190 7

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 2653 Registered No. B C 2653

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant's Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Annetta Taylor

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH May 8th 1907

AGE ....years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 1 190 to 14 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P J Martin M.D.

Address

Date 7/15th 1907

Place of Burial New Cathedral

Date July 15th 1907

Undertaker ~~Wm E~~ J Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 2654 Registered No. B C 2654

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Camillus Roger

{Residence, if in Baltimore, Give Street and Number.} Balto Co Md

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Black

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Daniel Rogers

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Fannie Adams

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Tyler

(Address) Md. Penitentiary

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from October 1904 to July 15 1907

that I last saw h[illegible] alive on July 15 1907

and that death occurred, on the date stated above, at 10:25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 months (DURATION) DAYS

Contributory (Primary.) Bronchitis

3 years (DURATION) DAYS

(Signed) Theodore Carl Jr. M.D.

Address 1808 N Calvert St

Date July 15 1907

Place of Burial Sacred Heart.

Date July 16 1907

Undertaker Evans & Speece

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of B

Ward 7th C 2655 Registered No. B C 2655

68 r

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Weaver

{ Residence, if in Baltimore, Give Street and Number. } 808 Leadenhall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 42 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 7/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15. 1907

I HEREBY CERTIFY, That I attended deceased from July 4. 1907 to July 15. 1907

that I last saw her alive on July 14. 1907

and that death occurred, on the date stated above, at 5.25 A. M. CAUSE OF. DEATH (Secondary or immediate.)

Cystitis

(DURATION) DAYS

Con'tributory (Primary.) Acute Mania. (DURATION) 21 DAYS

(Signed) Wm Owens Dr M.D.

Address Bay View Asylum

Date July 15. 1907

Place of Burial Laurel

Date July 17 1907

Undertaker J. L. Brownson

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City &

Ward 14

Registered No. B C 2656

C 2656

CERTIFICATE OF DEATH.

(Place of Death.) No. 2031 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William J. Lewis.

{Residence, if in Baltimore, Give Street and Number.} 2031 Pennsylvania Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Oct 30 1845

AGE 62 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Lewis

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Francis Mc Keown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Lewis

(Address) 2031 Penn ave

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to July 14 1907

that I last saw h alive on June 13 1907

and that death occurred, on the date stated above, at 5½ M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Houck M.D.

Address 1924 E Pratt

Date July 14 1907

Place of Burial New Cathedral

Date July 17 1907

Undertaker Martin Fahey & Son

Address 606 W. Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 13 — C 2657 — Registered No. B C 2657

95 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lee Edwards

{ Residence, if in Baltimore, Give Street and Number. } 2416 Madison ave

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Born in the South

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur L Johnson.

(Address) 911 Myrtle Ave.

Filed 7/15 1907 HARRY C. ANDRIES, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on — 190 —,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Carrollton Ave

Date July 15 1907.

Place of Burial Mt Auburn Cemetery

Date July 16th 1907

Undertaker Felix B Pye.

Address 102 E. Madison st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 2658 — Registered No. D C 2658

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1217 Druid Hill Ave St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Gray

{Residence, if in Baltimore, Give Street and Number.} 1217 Druid Hill Ave

Duration of Residence in Baltimore. Lifeline

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Feby 13 1907
AGE	..... years, 6 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	James N Gray
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Dora Johnson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James N. Gray

(Address) 1217 Druid Hill Ave

Filed 7/15-7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 15 1907

that I last saw her alive on July 15 1907

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Summer Complaint

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Enteritis

duct (DURATION) ..... DAYS

(Signed) I. L. Hunkins M.D.

Address 1202 Druid Hill Ave

Date July 15 1907

Place of Burial Harrisonville Balto Co Md

Date July 15th 1907

Undertaker Alex Hendley

Address 578 N Bidd

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 D

C 2659

C 2659 Registered No. B

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. 914 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Rozanowski

{Residence, if in Baltimore, Give Street and Number.} 914 S Wolfe

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 15 1905

AGE: 2 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Meik Rozanowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Piniezka

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Rozanowski

(Address) 914 S. Wolfe St

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 14 1907 that I last saw h alive on June 14 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 4 DAYS

Contributory (Primary.)

Bronchitis (DURATION) 12 DAYS

(Signed) S. Rozanowski M.D.

Address 922 S. Ann St

Date July 15 1907

Place of Burial St. Stanislaus

Date Monday July 15 1907

Undertaker M. P. Dadowski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 2660 Registered No. B ..... C 2660

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2611 Frait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Pagoda

{ Residence, if in Baltimore, Give Street and Number. } 2611 Frait Ave

Duration of Residence in Baltimore. 6 year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Walenty Pagoda

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Katazyna Lysek

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Sadowski

(Address) 703 S. Ann St

Filed 7/15 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 11 1907

that I last saw h— alive on July 11 1907,

and that death occurred, on the date stated above, at 11:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) A. L. Long M.D.

Address 2429 Frait Ave

Date July 15 1907

Place of Burial St. Stanislaus.

Date Monday July 15" 1907

Undertaker M. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

C 2661

Ward..... *Registered No. B* C 2661

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Duffy

{ *Residence, if in Baltimore,* } .....
{ *Give Street and Number.* }

Duration of Residence in Baltimore......

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from June 18 1906 to July 14 1907

that I last saw h[illegible] alive on July 14 1907

and that death occurred, on the date stated above, at 4 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospt.

Date July 14 1907

Place of Burial St Peters Cemetery

Date July 16th 1907

Undertaker Mr. & Mrs John H. Feutel

Address 811 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT,

Ward 7

C 2662

Registered No. B C 2662

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 Warner St, Balto, Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Lucy Davis

{ Residence, if in Baltimore, Give Street and Number. } 516 Warner St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 13 1907

AGE: 0 years, 0 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: H. B. Byland

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Lucy Davis

BIRTHPLACE OF MOTHER (State or country): Williams King, County, Va.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13 — 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 13 1907 that I last saw him alive on July 13 1907, and that death occurred, on the date stated above, at 7.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Arthur M. Hopkins M.D.

Address University Hospital

Date July 13 1907

Place of Burial COLLEGE OF P. & S

Date JUL 13 1907 1907

Commissioner Health

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of [illegible]

Ward ..... Registered No. B C 2663

C 2663

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matthew Hicks

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Pittsburg Penn

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE-STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 19[illegible]

I HEREBY CERTIFY, That I attended deceas[illegible]

June 26 1907 to July 15

that I last saw h[illegible] alive on July 15

and that death occurred, on the date stated a[illegible]

A. M. CAUSE OF DEATH (Secondary [illegible]

Exhaustion

..... (DURATION) .....

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Tomis M.D.

Address Johns Hopkins Hospital

Date July 15 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 15 1907

Undertaker William H Woodall

Address 1812 Aisquith St

FOR ANATOMICAL PURPOSES

Wm. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C2664

is

missing

HEALTH DEPARTM... OF B...

C 2665

Ward 12 C 2665 Registered No. B 79 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Front & Hillen sts (on street) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. Baker

{Residence, if in Baltimore, Give Street and Number.} 4 N. Rundall st.

Duration of Residence in Baltimore. 24 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 8th 1836

AGE: 71 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: Samuel J Baker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Justus

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth E. Baker

(Address) 4 N. Rundall St.

FILED 7/15 1907

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from Consc 190 to Cure 190

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma (Cardiac)

(DURATION) ... DAYS

Contributory (Primary.) —

(DURATION) ... DAYS

(Signed) Benj. D Stayman M.D.

Address 1216 N Carrolton Ave

Date July 15

Place of Burial Mount Airey Cem...

Date July 16

H. Schloman & Son

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it sh... the duty of the Physician who att... during his or her last sickness, or the Coroner, when the case notice, to furnish within **eigh... after death**, to the Undertaker, or other person superintending the b... ting forth, as far as the s... rtained, the **full name, sex, age, condition** (whether married or ... d, and the **cause a...** th.

Ward 12 C 2666 Registered No. B 43 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sylvia Williams

{Residence, if in Baltimore, Give Street and Number.} 231 W. Henrietta

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: Henry Jackson

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Rachel Hanson

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Williams

(Address) 231 W. Henrietta St.

Filed 7/15/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to July 13 1907

that I last saw h alive on July 10 1907

and that death occurred, on the date stated above, at a.m. CAUSE OF DEATH (Secondary or Immedia

Carcinoma

Cancer of Breast

(DURATION) 8 mo DAYS

Contributory (Primary) Shock

(DURATION) 4 hrs DAYS

(Signed) C. H. Harlan M.D

Address 1125 Park

Date July 15

Place of Burial Salisbury

Date July 16, Mt L

Undertaker John

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall b the duty of the Physician who attended during his or her last sickne notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certifica setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the pers deceased, and the ***cause and date of death.***

Ward 1 C 2667 Registered No. B C 2667

155 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Robbins

{Residence, if in Baltimore, Give Street and Number.} 2010 W. Lanvale av

Duration of Residence in Baltimore. Forty-one years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH July 13th 1907

AGE 50 years, 11 months, 28 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER William Robbins

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ellen D. Robbins

(Address) 2010 W Lanvale St

Filed 15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar pneumonia

Pneumonia

Three hrs. (DURATION) ..... DAYS

Con'ributory (Primary.) Suicide

(DURATION) ..... DAYS

(Signed) Dixon Bartram M.D.

Address 1717 Eutaw Av. (Comm)

Date July 13th 1907

Place of Burial Loudon Park

Date July 16 1907

Undertaker J. B. Cook

Address 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO. Registrar

Undertaker

Ward 1 V C 2668 Registered No. B C 2668

1 V V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2021 Pleasant Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J. Stromer

{Residence, if in Baltimore, Give Street and Number.} 2021 Pleasant Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 3rd 1905

AGE: 2 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles J. Stromer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Florence D. Funk

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J. Stromer

(Address) 2024 Pleasant Alley

Filed 7/15" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1907

I HEREBY CERTIFY, That I attended deceased from July 9, 1907 to July 14 1907 that I last saw him alive on July 13 1907, and that death occurred, on the date stated above, at 5.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Catarrhal Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Asthenia (DURATION) —— DAYS

(Signed) Geo Hellser M.D.

Address 1937 Gough St

Date July 14 1907

Place of Burial Mt Carmel

Date July 16th 1907

Undertaker H. Lander & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2669 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2118 Cambridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August E Wood

{Residence, if in Baltimore, Give Street and Number.} 2118 Cambridge St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 6th 1906

AGE ..... years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Wood

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Fina King

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Wood

(Address) 2118 Cambridge St

Filed 7/15 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from — 190 .... to — 190 ....

that I last saw him alive on — 190 ....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Thomas Sadler M.D.

Address 320 S Broadway St

Date ..... 190 ....

Place of Burial Trinity Cemetery

Date July 16th 1907

Undertaker H. Sander & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2670 Registered No. B ..... C 2670

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 Elm Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Alice Sterner

{ Residence, if in Baltimore, Give Street and Number. } No. 626 Elm Ave.

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 10th 1907

AGE — years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) 626 Elm Ave.

FULL NAME OF FATHER Frederick J. Sterner

BIRTHPLACE OF FATHER (State or country) Balt. Co. Md.

MAIDEN NAME OF MOTHER Lillie May Harris

BIRTHPLACE OF MOTHER (State or country) Balt. Co. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick J Sterner

(Address) 626 Elm ave.

Filed 11/15 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1907

I HEREBY CERTIFY, That I attended deceased from July 13th 1907 to July 14th 1907 that I last saw her alive on July 14th 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAY

Contributory (Primary.)

Cholera Infantum (DURATION) 2 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave.

Date July 15th 1907

Place of Burial Hampstead Balto Co.

Date July 16. 1907

Undertaker W. E. Ellenworth and Son

Address 919 Third Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2671

Registered No. B.....

City of Baltimore, (No. 275 - W. 31st - St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fanny Bowers.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White

DATE OF BIRTH Oct (Month) 20 (Day) 1906 (Year)

AGE ..... years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER W. H. Bowers

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Julia Holbrooke

BIRTHPLACE OF MOTHER (State or country) Carroll Co.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Bowers.

(Address) 275 W. 31st St.

Filed 7/15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 14 1907

that I last saw h[illegible] alive on July 14 1907,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Cholera Infantum

.....(DURATION) 3 DAYS

Contributory Exhaustion

.....(DURATION) ..... DAYS

(Signed) H. Colby M.D.

July 15 1907 (Address) 340 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Westminster Md | DATE OF BURIAL July 16 1907

UNDERTAKER W. E. Ehrenfeth | ADDRESS 919 E. Fayette

Sons

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 2672 Registered No. B C 2672

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 ℔ N. Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Brown

{ Residence, if in Baltimore, Give Street and Number. } 40 ℔ N. Pine St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afro-Am

DATE OF BIRTH: 1869 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Andrew Hall

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Brown

(Address) 40 ℔ N. Pine St.

Filed 7/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to July 14 1907 that I last saw h— alive on July 14 1907, and that death occurred, on the date stated above, at 7.55 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

1st. General Anasarca

Some weeks

(DURATION) 1 DAYS

Contributory (Primary.) Nephritis

Some Months (DURATION) DAYS

(Signed) R. Lee Ellis M.D.

Address 922 Mod. ave

Date July 15, 1907

Place of Burial Laurel Cem

Date July 16 1907

Undertaker Jno H. Jacobs

Address 142 Westfield St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2673 Registered No. B C 2673

1524

CERTIFICATE OF DEATH.

(Place of Death.) No. 2409 Eager Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Clement

{Residence, if in Baltimore, Give Street and Number.} 2409 Eager Place

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 7/15/1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William Clement

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Comastek

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Clement

(Address) 2409 Eager Place

Filed 7/16 1907

BARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1907

I HEREBY CERTIFY, That I attended deceased from 7/15/07 1907 to 7/15th 1907 that I last saw him alive on 7/15 1907, and that death occurred, on the date stated above, at 1 oc P.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Laryngeum

(DURATION) ..... DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) A. J. Rytina M.D.

Address 2204 E. Monument St

Date 7/15 1907

Place of Burial St Alphonsus

Date July. 1907

Undertaker Frank Grach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2674 Registered No. B C 2674

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 828 St Peter st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah Reardon

{Residence, if in Baltimore, Give Street and Number.} 828 St Peter st

Duration of Residence in Baltimore. B L

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 14 1848

AGE: 59 years, 1 months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Isaac Bell

BIRTHPLACE OF FATHER (State or country): Balto Co Md.

MAIDEN NAME OF MOTHER: Mary Frock

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Reardon

(Address) 828 St Peter

Filed 7/16" 190 7 HARRY G. ANDERSON Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 13. 190 7

I HEREBY CERTIFY, That I attended deceased from July 6 190 7 to July 13 190 7 that I last saw h[er] alive on July 13 190 7 and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

(DURATION) DAYS

Con'tributory (Primary.) Ephematuri

(DURATION) DAYS

(Signed) Wm Lee C Blake M.D.

Address 1014 N. Lafayette ave

Date July 13. 07 190

Place of Burial Loudon Park

Date July 16, 190 7

Undertaker Jos B Cook

Address 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C 2675

Registered No. B C 2675

CERTIFICATE OF DEATH.

(Place of Death.) No. James Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Johnson

{Residence, if in Baltimore, Give Street and Number.} 403 Lewis St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR B

DATE OF BIRTH .....

AGE 34 years, 1 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John W Johnson

BIRTHPLACE OF FATHER (State or country) — Md

MAIDEN NAME OF MOTHER Eliza. Wilkerson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Johnson

(Address) 403 Lewis St.

Filed 7/16 1907

HARRY M. ARNOLD Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.20 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Dropsy Chronic (Acc)

Contributory (Primary) ..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) Fred'k Carleton M.D.

Address Corner Preston

Date July 15 - 07

Place of Burial Laurel 190

Date July 17 — 190 7

Undertaker R. A Ellicott

Address 506 Rogers Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B [illegible] 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Ford

{Residence, if in Baltimore, Give Street and Number.} 512 N. Bradford St.

C 2676

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Marys Co Md.

FULL NAME OF FATHER: Elem Ford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maria Ford

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Sinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt. BAY VIEW ASYLUM

(Address)

Filed 7/16 1907 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 13 1907 that I last saw him alive on July 13 1907 and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) cervical Caries

disease (DURATION) DAYS

(Signed) R Robertie M.D.

Address Bay View Asylum

Date July 13 1907

Place of Burial Asbury

Date July 16 1907

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C 2677 Registered No. B ..... C 2677

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 N Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lehnes J. Hagen

{ Residence, if in Baltimore, Give Street and Number. } 704 N Gay St

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Andrew Hagen

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Hagen

(Address) 704 N Gay St.

Filed 7/16/07 190 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 — 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Camalier M.D.

Address Coroner

Date July 15—07 190

Place of Burial Oak Lawn Cemetery

Date July 17 — 190

Undertaker William Cook

Address 502 E North Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

C 2678

Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 601 S. Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenz Bachenski.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 30 1907

AGE: years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Martin Bachenski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Wesolowski

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Bachenski.

(Address) 800 S. Broadway

Filed 7/16/07

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 15 1907

that I last saw him alive on July 15 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 4 DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) S. J. Jaworski M.D.

Address 728 S. Ann

Date July 16 1907

Place of Burial Holy Rosary

Date July 17th 1907

Undertaker Koch Bros.

Address 457 S. Bond St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 V

C 2679

Registered No. B C 2679

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 717 S. Ann St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ruppert

{Residence, if in Baltimore, Give Street and Number.} 717 S. Ann St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 8 1863

AGE: 54 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Zybell

(Address) 717 S. Ann St

Filed 7/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from May 3, 1907 to July 15 1907

that I last saw him alive on July 15 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 4 mos DAYS

Contributory (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date July 16, 1907

Place of Burial 1st German Ceme

Date July 17th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 2680

CERTIFICATE OF DEATH.

(Place of Death.) No. 1227 Valley St. St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Hannaha McGarvey

{ Residence, if in Baltimore, Give Street and Number. } 1227 Valley St.

Duration of Residence in Baltimore. 40 Years C. 2680

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 28 1846

AGE 60 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John McCrystal

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jane McKeown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 1227 Valley St.

Filed 7/16/07 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1907

I HEREBY CERTIFY, That I attended deceased from July 8th 1907 to July 14th 1907

that I last saw h.. alive on July 14 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Acute Nephritis

Asthenia

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W. Franklin St.

Date July 18th 1907

Place of Burial Cathedral

Date July 17 1907

Undertaker H. C. Middleton

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 2681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1422 Jefferson St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

Registered No. B C 2681

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie Denowitch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Laden Hyman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Laden

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Russia

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Harris

(Address) 1422 Jefferson St.

Filed 7/16 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 16 1907

that I last saw her alive on July 12 1907,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Cachexia – Carcinoma of Liver & Stomach.

Several Months (DURATION)

Contributory Exhaustion & Jaundice (DURATION)

(Signed) Frank D. Smith M. D.

July 16 1907 (Address) 1126 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Levindale

DATE OF BURIAL: January 16, 1907

UNDERTAKER: Mary Levinson

ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Ward IX

C 2682 Registered No. B C 2682

CERTIFICATE OF DEATH.

120 ✓

(Place of Death.) No. 224 Pearl St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Samuel Schneider

{Residence, if in Baltimore, Give Street and Number.} 224 Pearl St

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: [illegible] 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Manuel Schneider

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Minnie Schneider

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Schneider

(Address) 510 Pacific St.

Filed 7/16/07 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 15 1907 that I last saw h[illegible] alive on July 14 1907, and that death occurred, on the date stated above, at 7½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

6 d (DURATION) DAYS

Contributory (Primary.) after work

(DURATION) DAYS

(Signed) David Schneider M.D.

Address 712 Park Ave

Date July 15 1907

Place of Burial Hebrew Washington Rd

Date July 16 1907

Undertaker Max Levinson

Address 1624 ma Eldersgate

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19 V

CERTIFICATE OF DEATH.

Registered No. B C 2683

City of Baltimore, (No. 419 E 20 th St. ; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes D. O'Laughlen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: October (Month) 2nd (Day) 1840 (Year)

AGE: 66 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. City.

FULL NAME OF FATHER: David L Maulsby

BIRTHPLACE OF FATHER (State or country): Harford co. Md

MAIDEN NAME OF MOTHER: Margaret A Pentz

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml W O'Laughlen

(Address) 419 East 20th st

Filed 7/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Apr 14 1907 to July 13 1907

that I last saw her alive on July 13 1907,

and that death occurred, on the date stated above, at 7.45 A. M. The CAUSE OF DEATH was as follows:

Oedema Lungs

(DURATION) 3 DAYS

Contributory Dilatation of Heart

(DURATION) 90 DAYS

(Signed) Edmund Gibbs M. D.

July 14 1907 (Address) 316 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: July 16 1907

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 2684 Registered No. B C 2684

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mattie Sanford

{Residence, if in Baltimore, Give Street and Number.} Newland Va

Duration of Residence in Baltimore. 52 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 18th 1883

AGE 24 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Richmond Co Va

FULL NAME OF FATHER Thomas E Bowen

BIRTHPLACE OF FATHER (State or country) Richmond Co Va

MAIDEN NAME OF MOTHER Martha E. Bowen

BIRTHPLACE OF MOTHER (State or country) Richmond Co Va

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) A W Sanford

(Address) Newland Va

Filed 7/16 1907 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 13 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to July 13 1907 that I last saw h.. alive on July 13 1907, and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General intoxication

(DURATION) DAYS

Contributory (Primary.) I B peritonitis

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address Franklin Square Hospital

Date July 14 1907

Place of Burial Newland Va

Date 7=16 1907

Undertaker Robt Brookman

Address 175 Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

1519

(Place of Death.) No. 33 S. Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Illegitimate Infant of Full Name Maria Ralston

{Residence, if in Baltimore, Give Street and Number.} 33 S. Carrollton Ave

Duration of Residence in Baltimore. 26 hours C 21685

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	July 15 1907
AGE	— years, — months, 26 hours
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Maria Ralston
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Ohle M.D.

(Address) 1203 W. Fayette St

Filed 7/16 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to 16 1907

that I last saw h in alive on July 16 1907,

and that death occurred, on the date stated above, at 9.20 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Premature baby, about 6 months utero gestation

(DURATION) 26 hours DAYS

Contributory (Primary.) Premature birth

(DURATION) 26 hours DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette st

Date July 16 1907

Place of Burial St. Peters

Date July 16 1907

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

114 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2686

Registered No. B.....

City of Baltimore, (No. 28 W. West St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Ismael Jordan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1852 June 4 1 (Month) (Day) Year)

AGE: 55 years, 1 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Wm. H. Jordan

BIRTHPLACE OF FATHER (State or country): Richmond Va.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: Cake Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Ingalls

(Address) 28 W. West St.

Filed 7/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 14 1907

that I last saw h.. alive on July 13 1907

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Hepatic Colic

(DURATION) 2 DAYS

Contributory (old age) and debility (DURATION) ? DAYS

(Signed) Wm. B. McDonald, M. D.

July 16 1907 (Address) 205 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: June 16, 1907

UNDERTAKER: John J. Faley — ADDRESS: 1132 William St

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2687

Registered No. B .....

City of Baltimore, (No. 14. S. Patterson Park Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo Korner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April (Month) 20th (Day) 1866 (Year)

AGE: 41 years, 2 months, 24 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Koerner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Beaman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Restaurant Proprietor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elisabeth Koerner

(Address) 14 S. Patterson Park ave

~~Filed~~ 7/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 14th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12th 1907 to July 14th 1907 that I last saw him alive on July 14th 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Septicemia from an abscess - saw him in consultation

Primary ..... (DURATION) ..... DAYS

Contributory ..... 10 days (DURATION) ..... DAYS

(Signed) E. F. Lickhalland M. D.

190 (Address) 115 N. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Holy Cross a a Co. | DATE OF BURIAL: July 17th 1907

UNDERTAKER: Jos. Stanton | ADDRESS: 318 Light st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2688

City of Baltimore, (No. 1342 Towsen St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adam Dershinger.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1865 (Year)

AGE: 42 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Martin Dershinger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elisabeth Ault

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Dershinger

(Address) 1342 Towsen St.

Filed 7/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1907 to July 13th 1907

that I last saw h.. alive on July 10 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis ..... (DURATION) ..... DAYS

Contributory Exhaustion ..... (DURATION) ..... DAYS

(Signed) R. L. Rulk M. D.

July 15th 1907 (Address) 1610 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	July 16th 1907
UNDERTAKER	**ADDRESS**
Jos. Stumtebe Sr	1318 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

Ward 10 C 2089 Registered No. B

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1310 N Parrish Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rosie Murray

{ Residence, if in Baltimore, Give Street and Number. } 1310 Parrish Ave.

Duration of Residence in Baltimore. Life

C. 2089

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June 20 1906

AGE: 1 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Lewis Diggs.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Rosie Murray

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Sisco

(Address) 1310 N Parrish A.

Filed 7/16 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to July 12 1907

that I last saw her alive on July 12 1907,

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 4 DAYS

Contributory (Primary.) Convulsions

(DURATION) * DAYS

(Signed) F. M. Turner M.D.

Address 317 N. Carrollton Ave

Date July 15 1907

Place of Burial Mt Olivet

Date July 16 1907

Undertaker R. L. Parham

Address 1213 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2690

City of Baltimore, (No. 413 N. Dallas St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alfonso Adams.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Black.

DATE OF BIRTH: July (Month) 2 (Day) 1906 (Year)

AGE: 1 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Alex Armstrong.

BIRTHPLACE OF FATHER (State or country): St. Marys Co. Md.

MAIDEN NAME OF MOTHER: Rosa Adams.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Heopard. Md.

(Address) 5 N. W. Dist.

Filed 7/16 1907 HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 15 1907, that I last saw him alive on July 15th 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Broncho pneumonia.

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Eugene Heopard. M. D.

July 16 1907 (Address) 5th N. Dist.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	July 16 1907
UNDERTAKER	ADDRESS
R A Elliott	576 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward X

Registered No. B 151 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Ueda Johnson

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeth's Home

Duration of Residence in Baltimore. Life

C. 2691

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Mulatto
DATE OF BIRTH April 29 1907	
AGE — years, 2 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius M Graham

(Address) 2005 Madison Ave

Filed 7/16 1907

HARRY C. ANDERSON Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to July 16 1907 that I last saw her alive on July 15 1907, and that death occurred, on the date stated above, at 5- A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius M Graham M.D.

Address 2005 Madison Ave

Date July 16 1907

Place of Burial Cathedral Cemetery

Date July 18 1907

Undertaker Reid & Pope

Address 1026 North Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edw. Brady

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. ~~Lo~~ 1 yr. 7 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: Sep. 24 1905

AGE: 1 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Phila Pa.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7/16" 1907 HARRY G. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1905 to July 16 1907 that I last saw h... alive on July 15 1907, and that death occurred, on the date stated above, at 9. A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date July 16 1907

Place of Burial Cathedral Cemetery

Date July 16 1907

Undertaker Reis & Pye

Address 1022 N. Milbury st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Registered No. B .....

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 47 Birch Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alva S. Easton

{ Residence, if in Baltimore, Give Street and Number. } 47 Birch Hill

Duration of Residence in Baltimore. Life

C 26933

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Female | COLOR white

DATE OF BIRTH April 18 1906

AGE 1 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Grace Easton

BIRTHPLACE OF MOTHER (State or country) Howard Co. Md.

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah L Easton

(Address) 47 Birch Hill

Filed 7/16 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary) Cholera Infantum

12 hours. (DURATION) DAYS

(Signed) Reuben Littlepage M.D.

Address 1818 E. Chase St. Coroner

Date July 16 1907

Place of Burial St. Mary's Cemetery Hamsden

Date July 16 1907

Undertaker Wm. E. Schmidt & Son

Address 919 E. 25th ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

C 2694 Registered No. B C 2694

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 222 S. Ann St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Sfromy

{Residence, if in Baltimore, Give Street and Number.} 222 S. Ann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ....1....

AGE: ....years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Frank Sfromy.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Jenny Gockuska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Sfromy

(Address) 222 S. Ann St.

Filed 7/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 16 1907

that I last saw her alive on July 14 1907, 4:30 A. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis

about 2 wks (DURATION) DAYS

Contributory (Primary.) Convulsions (DURATION) 2 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date July 16 1907

Place of Burial St. Stanislaus cem.

Date July 17th 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2695 Registered No. B 794

CERTIFICATE OF DEATH.

(Place of Death.) No. 1406 Allen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth. Weiland

{ Residence, if in Baltimore, Give Street and Number. } 1406 Allen St

Duration of Residence in Baltimore. Life C. 2695

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 15. 1907

AGE ____ years, ____ months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward. Weiland

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Marie Hoffding

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Weiland father

(Address) 1406 Allen St

Filed 7/16 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h ____ alive on ____ 190 ,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) ____ DAYS

Contributory (Primary.) Premature Birth

(DURATION) ____ DAYS

(Signed) Geo Weiland M.D.

Address Coroner

Date July 16 1907

Place of Burial Cedar Hill

Date July 16 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... 150 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Brown

{ Residence, if in Baltimore, Give Street and Number. } 1133 Clifton Place

Duration of Residence in Baltimore. Life C.2696

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 16 - 1907

AGE ..... years, ... months, 4 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas. T. Brown

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Victoria E. Rosenstiel

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1133 Clifton Place

Filed 7/16/07 190.

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 16 1907

that I last saw h-- alive on July 16 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Spina Bifida

& Tremor weakness

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) James M Fenton M.D.

Address 708 E Chase St

Date July 16 1907

Place of Burial Cathedral

Date July 16 1907

Undertaker H. C. Windfield

Address 914 Greenmt. Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2697 Registered No. B C 2697

1794

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery o Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F. Clark.

{Residence, if in Baltimore, Give Street and Number.} No C. Hosp-

Duration of Residence in Baltimore. 5 mo-6 days C.2697

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 9th 1907

AGE: 0 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stout

(Address) No C. Hosp

Filed 7/16/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1907 to July 1907 that I last saw h-in alive on July 13th 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. Edw. Magruder M.D.

Address 922 Mad Ave

Date 190

Place of Burial COLLEGE OF P. & S.

Date JUL 16 1907 JUL 16 1907 190

Undertaker Remington Bros.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

172

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2698

City of Baltimore, (No. 1405 N. Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret L. Bond

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 9 (Day) 1906 (Year)

AGE: 1 years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel H. Bond

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rosa L. Brown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa L. Bond

(Address) 923 N. Carrollton Ave

Filed 7/16 1907. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 15 1907 that I last saw her alive on July 15 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 3 DAYS

Contributory Convulsions

(DURATION) 2 DAYS

(Signed) C. C. Davis M. D.

July 16 1907 (Address) 923 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet Cem. | DATE OF BURIAL: July 17 1907

UNDERTAKER: John E. Haugh Balto Co. Md. | ADDRESS: 1427 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

15-1V

(Place of Death.) No. 300 S. Ann St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Infant son of E. C and Ida E. Livingston

{Residence, if in Baltimore, Give Street and Number.} 300 S. Ann st.

Duration of Residence in Baltimore. Lifetime C.2699

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 15 — 1907
AGE	30 minutes ..... years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	E. C. Livingston
BIRTHPLACE OF FATHER (State or country)	Balto. City
MAIDEN NAME OF MOTHER	Ida L. Breitschmid
BIRTHPLACE OF MOTHER (State or country)	Balto. City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. C. Livingston

(Address) 300 S. Ann st.

Filed 7/16 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 — 1907

I HEREBY CERTIFY, That I attended deceased from July 15 — 1907 to July 15 — 1907 that I last saw h.. alive on July 15 — 1907 and that death occurred, on the date stated above, at 8-15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth at 5½ mos.

lived 30 minutes (DURATION) ..... DAYS

Con'ributory (Primary.) —

(DURATION) ..... DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st

Date July 16 — 1907.

Place of Burial London Park

Date July 16 1907

Undertaker Wm. M. Gaertner

Address North & Lanvale sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 2760 Registered No. B 6314

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 Jefferson St Court. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Whittington

{ Residence, if in Baltimore, Give Street and Number. } 507 Jefferson. St. Court.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — 1880

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas Whittington

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Lost Known

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Whittington

(Address) 507 Jefferson St Court.

Filed 7/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to July 15 1907 that I last saw h alive on July 14 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious atrophy & Rectal abscess.

(DURATION) DAYS

Contributory (Primary.) Rectal abscess 2 Months (DURATION) — DAYS

(Signed) J. O'Neal M.D.

Address 202 Strieker city Ave

Date July 16 1907

Place of Burial Asbury

Date July 17 — 1907

Undertaker R A Leitch

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2701

City of Baltimore, (No. 625 St. Paul St.; ..... Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[if death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gen H. Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 2 (Month) ... (Day) 1907 (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Nathaniel Bailey

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Jennie Dampson

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Bailey

(Address) ~~Rear~~ 625 St. Paul St.

Filed 7/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15th 1907 to July 15th 1907 that I last saw him alive on July 15th 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum (DURATION) 2 DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) John Cook M. D.

July 16 1907 (Address) 1937 Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Leakin

DATE OF BURIAL: July 17 1907

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 2702 Registered No. B C 2702

137 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2117 Booth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Viethauer

{Residence, if in Baltimore, Give Street and Number.} 2117 Booth St

C. 27107

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 20, years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Louis Bauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Henry Viethauer

(Address) 2117 Booth St.

Filed 7/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 15 1907 that I last saw h[illegible] alive on July 15 1907 and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Septicaemia

(DURATION) 3 DAYS

Contributory (Primary.) Cardiac Asthenia

(DURATION) 3 DAYS

(Signed) Henry E. Dade M.D.

Address 1203 W. Fayette St

Date July 15th 1907

Place of Burial Western Cemetery

Date July 17th. 1907

Undertaker George A. Gerbig

Address 14 S. Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2703

Registered No. D.....

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Indiana Watts

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ~~~~~

BIRTHPLACE OF FATHER (State or country): ~~~~~

MAIDEN NAME OF MOTHER: ~~~~~

BIRTHPLACE OF MOTHER (State or country): ~~~~~

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Henderson Lamar Hollyday, Supt.

(Address) 1522 Fairmount ave BAY VIEW ASYLUM.

Filed 7/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from Feb 26 1907 to July 16 1907

that I last saw h alive on July 16 1907

and that death occurred, on the date stated above, at 4.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) R. R. Voss M.D.

Address Bay View Hospital

Date July 16 1907

Place of Burial Asbury Cemetary

Date July 17 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 2704

City of Baltimore, (No. Enclid Ave (Dionysius) St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Belt Hopkins

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb 1 1849 (Month) (Day) (Year)
AGE	58 years, 6 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Co Md
FULL NAME OF FATHER	Thomas Belt
BIRTHPLACE OF FATHER (State or country)	Balto Co
MAIDEN NAME OF MOTHER	Catherine Lipton
BIRTHPLACE OF MOTHER (State or country)	Balto Co Md
OCCUPATION OF DECEASED	House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fanny Belt

(Address) Enclid Ave

Filed 7/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 19 1902 to July 14 1907 that I last saw her alive on July 13 1907, and that death occurred, on the date stated above, at 1230 A. M. The CAUSE OF DEATH was as follows:

Brights disease

— (DURATION) — DAYS

Contributory — — —

— (DURATION) DAYS

(Signed) E Millen Reed M. D.

July 15th 1907 (Address) 904 N. Green

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Phila Pa	July 17 1907
UNDERTAKER	ADDRESS
A J Marshall	2539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 2405 Registered No. B C 2405

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine A. Hardy

{ Residence, if in Baltimore, Give Street and Number. } 227 S. Stricker St.

Duration of Residence in Baltimore. Life C. 2705

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 8th 1841

AGE 66 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Robert Brown

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER ~~~

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Hardy

(Address) 227 S. Stricker St

Filed 7/16" 1907

HARRY O. [illegible] Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15, 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to July 15 1907 that I last saw her alive on July 14 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis

(DURATION) 4 DAYS

Contributory (Primary.) Endocarditis

(DURATION) 4 DAYS

(Signed) M. O'Neill M.D.

Address 1315 Hollins St

Date July 15 1907

Place of Burial London Park

Date July 17th 1907

Undertaker Wm B Crothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. 8

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 251 W Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennet Rice

{Residence, if in Baltimore, Give Street and Number.} 251 W. Biddle

Duration of Residence in Baltimore. Life

C 2906

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: June 15th 1907

AGE: ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Herbert Rice

BIRTHPLACE OF FATHER (State or country): Calvert conty Md

MAIDEN NAME OF MOTHER: Mary Barker

BIRTHPLACE OF MOTHER (State or country): Charles conty Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert Rice

(Address) 251 Biddle St

Filed July 17 1907

HARRY C. ANDREWS, PERMIT CLERK,

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 16th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

from birth (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Lica Barbara M.D.

Address 700 Eag. ave. Canton,

Date July 16th 1907

Place of Burial Mt Auburn Cemetery

Date July 17th 1907

Undertaker Geley B Pye.

Address 1126 Mullberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2707

City of Baltimore, (No. 2125 E. Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Deisenroth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1833 (Year)

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Formerly Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lizzie Battenfield

(Address) 2125 E Chase Street

Filed 7/17 1907 HARRY O'ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to July 1907

that I last saw him alive on July 13 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 1/2 DAYS

Contributory Asthenia

(DURATION) 1/2 DAYS

(Signed) J. H. Schwatka M. D.

July 15 1907 (Address) 1003 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long in Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Pauls cemetery — DATE OF BURIAL: July 17 1907

UNDERTAKER: J C S Ruhl & Son — ADDRESS: 1735 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 2708 Registered No. B C 2708

CERTIFICATE OF DEATH.

(Place of Death.) No. 578 N. Hay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Homburg

{ Residence, if in Baltimore, Give Street and Number. } 578 N. Hay St.

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1873

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa Homburg

(Address) 578 N. Hay St

Filed 7/17/07 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Camillus M.D.

Address Coroner

Date July 16 1907

Place of Burial Oak Lawn cemetery

Date July 18th 1907

Undertaker J.C. Schuh & Son

Address 1735 Aliceanna St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2709 Registered No. B C 2709

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Brown

{Residence, if in Baltimore, Give Street and Number.} 127 N Dueen St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 13 S. Chapel St

Filed 7/17 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 14 1907

that I last saw her alive on July 14 1907

and that death occurred, on the date stated above, at 6 45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

1. Cerebral Haemorrhage

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) E. S. Krouse M.D.

Address Johns Hopkins Hosp

Date July 16 1907

Place of Burial Laurel Md

Date July 18 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2710

City of Baltimore, (No. 520 S. Spring St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willie H. Keys

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH June. (Month) (Day) 1906 (Year)

AGE ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Henry Keys

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Della Johnson

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert A. Elliott

(Address) .....

Filed 7/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15/07 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 7/8/07 1907 to July 15/07 1907 that I last saw h[illegible] alive on July 10 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) A. L. Levy M. D.

1907 (Address) 733 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Laurel | DATE OF BURIAL July 17 1907

UNDERTAKER R. A. Elliott | ADDRESS 501 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

North Eastern Disp.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2711

Registered No. B .....

City of Baltimore, (No. 2021, Clifton av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Trautwein Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July (Month) 15 (Day) 1907 (Year)

AGE: 17 hours — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Trautwein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Carrie Eltdorfer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Trautwein

(Address) 2021 Clifton av.

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 16 1907

that I last saw him alive on July 16 1907 1/3,

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Failure of closure of mitra Aboriallay valve

(Cyanosis Neanatorum)

(DURATION) ..... DAYS

Contributory Weakness

(DURATION) ..... DAYS

(Signed) C. A. Smith M. D.

July 16 1907 (Address) 1605 N North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: July 17th 1907

UNDERTAKER: Mr. & Mrs. John H. Seufert

ADDRESS: 201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B ....

CERTIFICATE OF DEATH.

1 V

(Place of Death.) No. 810 Peach alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jno Anderson

{Residence, if in Baltimore, Give Street and Number.} 810 Peach alley -

Duration of Residence in Baltimore. Life. C. 2712

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 31 years, ... months, ... days

~~Single~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Eliza Anderson

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Little

(Address) 810 Peach alley

Filed 7/17 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 15 1907

that I last saw h in alive on July 14 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

(DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. Edw. Smith M.D.

Address 1728 Hanover St.

Date July 16 1907

Place of Burial Mt Auburn ✓

Date July 17th 1907

Undertaker G. L. Brauns Son

Address 108 W Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 2713 Registered No. B ...

CERTIFICATE OF DEATH.

28 V

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Cordrey

{ Residence, if in Baltimore, Give Street and Number. } 1002 Hillen St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Sept 11 1898

AGE 9 years, 10 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm H Cordrey

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Fanni Goldsmith.

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Daugherty

(Address) 641 Mulliken St

Filed 7/17 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 16 1907 that I last saw her alive on July 16 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestive Pneumonia (Hypostatic)

(DURATION) 2 DAYS

Contributory (Primary.) Tuberculous Meningitis

(DURATION) 7 DAYS

(Signed) Geo H. Pflueger M.D.

Address St Joseph's Hospital

Date July 16 — 1907

Place of Burial M. E. Cemetery

Date July 18 1907

Undertaker Albert E Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

117 V

CERTIFICATE OF DEATH.

Registered No. B C 2714

City of Baltimore, (No. 2233 Eastern Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augusta Meyers

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan (Month) 8 (Day) 1867 (Year)

AGE 40 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Louis Sieber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Household duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert C Myers

(Address) 2231 Eastern Ave

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 14 1907 that I last saw her alive on July 14 1907, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Hemorrhagic Pancreatitis

2 Days (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Frank O'Donnell M. D.

July 16 1907 (Address) 1717 Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Oak Lawn cemetery | DATE OF BURIAL July 17 1907

UNDERTAKER J. C. Schuh & Son | ADDRESS 1735 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B C 2715

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Argyle Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Carl Hall

{Residence, if in Baltimore, Give Street and Number.} 1111 Argyle Ave

Duration of Residence in Baltimore. 27 yrs C. 2715

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mer

COLOR: Colored

DATE OF BIRTH: 1

AGE: 31 years, 0 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Arbella Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Freeland

(Address) 1111 Argyle Ave

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to July 15 1907 that I last saw h[illegible] alive on July 14 1907 and that death occurred, on the date stated above, at 2.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Acute General Miliary Tuberculosis

6 months (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) T. S. Hunkins M.D.

Address 1202 Druid Hill Ave

Date July 16 1907

Place of Burial Mt Auburn Cem.

Date July 16 1907

Undertaker Geo H Hooper

Address 609 Little Pacaut

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2716 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William Woodard

{ Residence, if in Baltimore, Give Street and Number. } 428 N. Front St

C.2716

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — 1

AGE About 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) U. S.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene L. Dessaso M.D.

(Address) St Joseph's Hosp.

Filed 7/17 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to July 16 1907 that I last saw h in alive on July 16 1907, and that death occurred, on the date stated above, at 9-30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) 40 DAYS

Contributory (Primary.) Uraemia

2 years (DURATION) ..... DAYS

(Signed) Geo A. Pflueger M.D.

Address St Joseph's Hospital

Date July 16 — 1907

JOHNS HOPKINS HOSPITAL
Place of Burial
JUL 16 1907
Date ..... 190 ....

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1/3

Ward [illegible] C 2717 Registered No. B C 2717

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aaron Stephenson

{Residence, if in Baltimore, Give Street and Number.} Penna Evenue 2nd

C. 2717

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Black.

DATE OF BIRTH 1

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Penn Evenue 2nd

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/17 1907 HARRY C. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 — 1907

I HEREBY CERTIFY, That I attended deceased from May 10 — 1907 to July 15 — 1907

that I last saw h alive on July 15 1907

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease.

(Hypertrophy)

(DURATION) 90 DAYS

Con'tributory (Primary) Diffuse Nephritis

(DURATION) 30 DAYS

(Signed) W H Eshen M.D.

Address City Hospital

Date July 16 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 16 1907 190

Undertaker JOHNS HOPKINS HOSPITAL

Address Health Department

FOR STATISTICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

11 L

Registered No. D.....

C 2718

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1305 Pressman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lenora. Winston

{ Residence, if in Baltimore, Give Street and Number. } 1305 Pressman

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Winston

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Elizabeth Winston

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Pressman St

Filed 7/17/07

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 15 1907 that I last saw her alive on July 15 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.) Heat and Dentition

(DURATION) ..... DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date Baltimore July 16. 1907

Place of Burial Laurel Md

Date July the 17 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2719

1204

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 S. Sharp St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Kress

{Residence, if in Baltimore, Give Street and Number.} 611 S. Sharp St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Nov 11 1862
AGE	44 years, 8 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Kress
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Francisca Kugler
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Teresa Kress

(Address) 611 S. Sharp St

Filed 7/17 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15, 1907

I HEREBY CERTIFY, That I attended deceased from June 8, 1907 to July 15, 1907 that I last saw him alive on July 12, 1907, and that death occurred, on the date stated above, at 7.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

& asthenia

(DURATION) 7 mos

Contributory (Primary.) Chronic nephritis

(DURATION) — DAYS

(Signed) C O Keerans M.D.

Address 1349 Yorkroad

Date July 15. 1907

Place of Burial Cathedral Cemetery

Date July 18 1907

Undertaker F. E. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 2720

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 N. Chapel St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Pelikan

{ Residence, if in Baltimore, Give Street and Number. } 532 N. Chapel St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Pelikan

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Magarite Burei

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Pelikan

(Address) 532 N Chapel St

Filed 7/17 1907

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to July 17 1907

that I last saw h-- alive on July 15 1907

and that death occurred, on the date stated above, at 11.30 M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea + Enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) ..... DAYS

(Signed) John Cyd M.D.

Address 1937 E Monument

Date July 17th 1907

Place of Burial Loudon Park

Date July 18 1907

Undertaker Edward Brach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

Ward 1 C 2781 Registered No. B .....

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor. Calhoun & W. Stem St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Benjamin O. Shipley

{ Residence, if in Baltimore, Give Street and Number. } 25 S. Calhoun

Duration of Residence in Baltimore. Life

C. 2781

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 31 1849

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Benjamin Shipley

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Margaret White

BIRTHPLACE OF MOTHER (State or country) Annapolis

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis F. Shipley

(Address) 1104 W. Lexington St

Filed 7/17 1907.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 15 1907

that I last saw him alive on July 9 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

Cerebral Apoplexy

(DURATION) 6 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Forrest Jones M.D.

Address 1 E. Lexington

Date July 16th 1907

Place of Burial Loudon Park Cem.

Date July 17th 1907

Undertaker Jno A. Inman

Address Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B.....

15 K

CERTIFICATE OF DEATH.

(Place of Death.) No. 1621 Prestman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Hall

{Residence, if in Baltimore, Give Street and Number.} 1621 Prestman st.

Duration of Residence in Baltimore. Life time

C.2022

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Sept 14 1906

AGE: ..... years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Westley Hall

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

MAIDEN NAME OF MOTHER: Elenora Ross

BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Westley Hall

(Address) 1621 Prestman

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 17 1907 that I last saw him alive on July 16 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis (DURATION) 3 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) F. C. Luck M.D.

Address 1313 W. North ave

Date July 17 1907

Place of Burial Mt Lambert

Date July 18 1907

Undertaker Alex. J. Kennedy

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 2723 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 Aisquith st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William H Sturgeon

{Residence, if in Baltimore, Give Street and Number.} 605 Aisquith st

Duration of Residence in Baltimore. Lifetime

C 2723

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 25th 1854

AGE: 53 years, 5 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry L Sturgeon

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Elizabeth Hammel

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: Lunch Rooms

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Augusta Sturgeon

(Address) 605 Aisquith st

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 16 1907

that I last saw h alive on July 16 1907,

and that death occurred, on the date stated above, at 6.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Oedema of lungs

Chronic Interstitial Nephritis (DURATION) 6 DAYS

Contributory (Primary.)

Chronic Interst Nephritis (DURATION) 2yrs

(Signed) Arthur Wregsforth M.D.

Address 1207 E. Monument

Date June 16th 1907

Place of Burial Greenmount Cemetery

Date July 20th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 2624 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Veronica Novak

{ Residence, if in Baltimore, Give Street and Number. } 800 S. Ann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: ..... years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: Edward. Novak.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Madalena. Ratayczak

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward. Novak.

(Address) 800 S. Ann St

Filed 7/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16, 1907

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 16 1907 that I last saw her alive on July 16 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 11 DAYS

Contributory (Primary.) Exhaustion (DURATION) 3 DAYS

(Signed) Gus T. Keller M.D.

Address 1937 Gough St

Date July 16, 1907

Place of Burial St Stanislaus

Date July 17 1907

Undertaker M. F. Sadowski

Address 703 S Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1570 Jackson st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. L. Simmons

{ Residence, if in Baltimore, Give Street and Number. } 1570 Jackson st.

Duration of Residence in Baltimore. Life

C. 2725

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr 10th 1907

AGE: ..... years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: none

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: John W. Simmons

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emma Taylor

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Simmons

(Address) 1510 Jackson st

Filed 7/17 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to July 15th 1907 that I last saw h[illegible] alive on July 15th 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric colitis

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) W. H. Hayden M.D.

Address 1421 Light st.

Date July 16th 1907

Place of Burial Baltimore Md

Date July 17 1907

Undertaker Lowe Bros

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 2726 Registered No. B 166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 Scott St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Elizabeth Brown

{ Residence, if in Baltimore, Give Street and Number. } 1012 Scott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jacob Smith

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmora Schaaf

(Address) 1012 Scott St.

Filed 7/17 1907

HARRY O... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 16, 1907

I HEREBY CERTIFY, That I attended deceased from April 18, 1907 to July 16 1907 that I last saw her alive on July 15, 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis (DURATION) 90 D.

Contributory (Primary.) Old age (DURATION) D.

(Signed) J. C. Linthicum M.D.

Address 653 Columbia Ave

Date July 16, 1907

Place of Burial Western Cem

Date July 18 1907

Undertaker Thos Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2757 Registered No. B C 2757

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 N Carlton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Garner

{Residence, if in Baltimore, Give Street and Number.} 231 N Carlton St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH May 11 1907

AGE ..... years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Brooks Garner

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rebecca Purnell

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brooks Garner

(Address) 231 N Carlton

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 15 1907 that I last saw her alive on July 15 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Entero-Colitis

(DURATION) 7 DAYS

Con'ributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) T D Norwood M.D.

Address 939 W Fay Ellen St

Date July 16 1907

Place of Burial Mt Auburn Cemetery

Date July 17 1907

Undertaker E R McElliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2728 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 837 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie Mason

{Residence, if in Baltimore, Give Street and Number.} 837 Lemmon Street.

Duration of Residence in Baltimore. Life

C. 2728

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles Mason

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Estelle Folks

BIRTHPLACE OF MOTHER (State or country): R. I.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Mason

(Address) 837 Lemmon St.

Filed 7/17/07

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to July 17 1907

that I last saw her alive on July 14 1907

and that death occurred, on the date stated above, at 10 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) F. Edward Smith M.D.

Address 375 Hanover St.

Date 7/16/07 1907

Place of Burial Mt. Auburn Cem.

Date July 17, 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2729 Registered No. B

8 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 20-E. 21st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Frank D Sauerwein

{Residence, if in Baltimore, Give Street and Number.} 20 E. 21st St.

Duration of Residence in Baltimore. Life

C 2729

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 4 1832

AGE 74 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Daniel Sauerwein

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Builder ~~Retired~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Sauerwein

(Address) 20-E-21st St.

Filed 7/17/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1907

I HEREBY CERTIFY, That I attended deceased from July 5th 1907 to July 15th 1907 that I last saw him alive on July 15 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 DAYS

Con'tributory (Primary.) Arteriosclerosis and Endocarditis (DURATION) DAYS

(Signed) Chas. E. Brack M.D.

Address 500 E. 20th St

Date July 16th 1907

Place of Burial Greenmount

Date July 17 1907

Undertaker W. J. Fickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible] C

104V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2013 N Monroe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alice L Brown

{Residence, if in Baltimore, Give Street and Number.} 2013 N Monroe St

Duration of Residence in Baltimore. Life C. 27/30

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 19 1864

AGE: 43 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ky

FULL NAME OF FATHER: Harrison Turner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M Brown

(Address) 2013 N. Monroe St

Filed 7/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to July 16 1907

that I last saw h alive on July 15 1907

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis

(DURATION) 30 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) I. M Lamperis M.D.

Address 602 S Paca St.

Date July 16 1907

Place of Burial Loudon Park

Date July 17 1907

Undertaker W. J. Dickenson & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

C 2731

CERTIFICATE OF DEATH.

(Place of Death.) No. 1318 N Stricker St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Louisa Noyes

{Residence, if in Baltimore, Give Street and Number.} 1318 N. Stricker

Duration of Residence in Baltimore. about 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 21 1814

AGE 73 years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) London

FULL NAME OF FATHER John Scott

BIRTHPLACE OF FATHER (State or country) London

MAIDEN NAME OF MOTHER Louisa Bishop

BIRTHPLACE OF MOTHER (State or country) London

OCCUPATION OF DECEASED [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Leo W. Engle

(Address) 1318 N Stricker

Filed 7/17 1907 JAMES C. ANDREWS, PERMIT CLERK. Registrar

Leo W Noyes

Carey & Gilmor

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from 22 of March 1907 to July 16 1907 that I last saw her alive on July 16 1907 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

Dropsy

(DURATION) 120 DAYS

Con'tributory (Primary.) [illegible]

(DURATION) [illegible] DAYS

(Signed) Geo. W. Norris M.D.

Address 703 N. Carey st

Date July 17 1907

Place of Burial Druid Ridge

Date July 18 1907

Undertaker W. J. Dickenson & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D.....

81 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Reedy

{ Residence, if in Baltimore, Give Street and Number. } St Joseph's Hospital

Duration of Residence in Baltimore. 6 yrs C. 27732

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1821

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) V. Fr Cullen

(Address) St Josephs Hospital

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to July 15 1907

that I last saw h.. alive on July 15 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 10 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) 300 DAYS

(Signed) V Fr Cullen M.D.

Address St Joseph Hosp.

Date July 17, 1907

Place of Burial Elkridge Md

Date July 18, 1907

Undertaker H. W. Mears & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2733.

City of Baltimore, (No. 562, Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel Berley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Noah Berley

BIRTHPLACE OF FATHER (State or country): N C

MAIDEN NAME OF MOTHER: Pearl Lee

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Noah Berley

(Address) 562, Mosher St.

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to July 16th 1907 that I last saw h er alive on July 16th 1907, and that death occurred, on the date stated above, at 4. A. M. The CAUSE OF DEATH was as follows:

Acute ileo-colitis

(DURATION) 6 DAYS

Contributory Bad artificial feeding and season (DURATION) 30 DAYS

(Signed) Chas. J. Keller, M. D.

July 17th 1907 (Address) 222 Monument St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: July 18 1907

UNDERTAKER: W. A. Elliott

ADDRESS: 516 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2734

City of Baltimore, (No. A Balto. City Jail St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lottie Horsey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 0 (Month) (Day) 1 Year)

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Chas Jones,

(Address) 506 Rogers Ave

Filed 7/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 16th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to 1907

that I last saw her alive on July 13 1907,

and that death occurred, on the date stated above, at 11.45 a. m. The CAUSE OF DEATH was as follows:

Dialysis disease of heart

(Sudden) (DURATION) — DAYS

Contributory (DURATION) — DAYS

(Signed) Benj. H. Hayden Coroner M. D.

July 16 1907 (Address) 1216 N. Carlin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 15 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: July 18 1907

UNDERTAKER: R. K. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. [illegible]

C 2735

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Jones

{ Residence, if in Baltimore, Give Street and Number. } 1900 Canton Ave.

Duration of Residence in Baltimore. Life C. 2735

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1826

AGE 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Elisha H. Jones

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Jones

(Address) 1900 Canton Ave

Filed 7/17 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 190

I HEREBY CERTIFY, That I attended deceased from July 14 190 to July 15 190

that I last saw h[illegible] alive on July 15 190

and that death occurred, on the date stated above, at 1:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) G. C. Thieme M.D.

Address 3038 E. Baltimore St.

Date July 16 1907 190

Place of Burial Mt. Carmel Cem.

Date July 17 " 190

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue

S.E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 S. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Edelman Jr

{Residence, if in Baltimore, Give Street and Number.} 414 S. Eden

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 29th 1880

AGE 26 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John C. Edelman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie E. Vietsch

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Edelman

(Address) 414 S. Eden St.

Filed 7/17 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16th 1907

I HEREBY CERTIFY, That I attended deceased from 14th June 1907 to 16 July 1907

that I last saw him alive on 15th July 1907,

and that death occurred, on the date stated above, at 2.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Ethanelium

(DURATION) DAYS

Contributory (Primary.) Heart Disease, Val. V

Bright's Disease (DURATION) about 365 DAYS

(Signed) Lloyd Reynolds M.D.

Address 809 N. Charles St

Date July 16th 1907 190

Place of Burial Oak Lawn Cemetery

Date July 19th 190 7

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — Registered No. B C 2737

C 2737

68 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name George W. Zeller

{Residence, if in Baltimore, Give Street and Number.} 203 S. Chester St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Nov. 12th 1883

AGE: 23 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md

FULL NAME OF FATHER: John G. Zeller

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sophia Belty

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/17/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15. 1907

I HEREBY CERTIFY, That I attended deceased from July 7, 1907 to July 15, 1907 that I last saw him alive on July 15, 1907, and that death occurred, on the date stated above, at 10 o'c P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Pneumonia

(DURATION) DAYS

Con'tributory (Primary.) Hemiplegia

(DURATION) 27 DAYS

(Signed) H. M. Andrews M.D.

Address Bay View Asylum

Date July 15. 1907

Place of Burial St. Mathews Cem

Date July, 18 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Gaston Avenue S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 2738 Registered No. B C 2738.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2811 Bernard St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola A Miller

{Residence, if in Baltimore, Give Street and Number.} 2814 Bernard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH June 15 th 1907

AGE — years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Geo. J. Miller

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Yeager

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo J Miller

(Address) 2811 Bernard St

Filed 7/17 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 th 1907

I HEREBY CERTIFY, That I attended deceased from July 3rd 1907 to July 16 th 1907

that I last saw h[illegible] alive on July 16 1907

and that death occurred, on the date stated above, at 1230 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Immediate

Intussusception (DURATION) DAYS

Contributory (Primary.) Intestinal Inf aggregation (DURATION) 4 DAYS

(Signed) L. a Richardson M.D.

Address 1112 E. 25 St

Date July 16 1907

Place of Burial St Mary's Cemetery

Date July 17 1907

Undertaker Jno E Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2739

City of Baltimore, (No. 807, Columbia St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Knell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 17th 1822 (Month) (Day) (Year)

AGE: 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Georg Fugmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ~~Margaret~~ Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Knell

(Address) 917 Columbia Ave

Filed 7/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 16 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 16 1907 that I last saw her alive on July 16 1907, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Old age

1 Year (DURATION) ..... DAYS

Contributory Anthem's (DURATION) 1 DAYS

(Signed) Jos. E. Muse M. D.

July 17 1907 (Address) 813 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: July 19th 1907

UNDERTAKER: J Knell & Son

ADDRESS: 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2740

City of Baltimore, (No. # 1233 E. Madison St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary M. Freund

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Aug (Month) 13 (Day) 1906 (Year)	
AGE: ..... years, 11 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Joseph Freund
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Fox
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fox

(Address) 1233 E Madison st

Filed 7/17 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 17th 1907 to July 17th 1907 that I last saw her alive on July 17th 1907, and that death occurred, on the date stated above, at 1130 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 6 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John L. Fuck M. D.

July 17th 1907 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Westown Cemetery — DATE OF BURIAL: July 18 1907

UNDERTAKER: Josiah Sykes — ADDRESS: Near N. North Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

1664

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Joseph Edward Rosemer

{Residence, if in Baltimore. Give Street and Number.} 1903 E. Oliver St.

Duration of Residence in Baltimore. Life C.2741

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 26 1897

AGE 10 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John S. Rosemer

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Catherine Kercher

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1903 E Oliver St.

Filed 7/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(R.R. Accident)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. V. Hampden M.D. Coroner

Address 1216 N. Caroline St.

Date July 17, 1907

Place of Burial Holy Redeemer Cemetery

Date July 18 1907

Undertaker Genes & Hoeck & Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1V

CERTIFICATE OF DEATH.

Registered No. BC 2742

City of Baltimore, (No. 108 S. Eaton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Barney and Bessie Schwartz

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July (Month) 9 (Day) 1907 (Year)
AGE	..... years, ... months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Barney Schwartz
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Glick Bessie
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barnard Schreiber

(Address) 108 S. Eaton st.

Filed 7/17 190 7

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 17 1907

that I last saw h... alive on July 17 1907,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 2 DAYS

Contributory Cardiac Asthenia

(DURATION) 2 hrs. DAYS

(Signed) Howard Kahn M. D.

7/17 1907 (Address) 927 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Philip Red Ross	July 17, 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 N. Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. P.B. & W. R.R. between Kayst. & Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Ackerman

{ Residence, if in Baltimore, Give Street and Number. } 1423 N Wolfe st

Duration of Residence in Baltimore. life

C 2743

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 7 1896

AGE 11 years, months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Ackerman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kate Kundmiller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ackerman

(Address) 1423 N. Wolfe st

Filed 7/17 1907

CITY REGISTRY OF DEATHS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from Consumption Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Fractured Skull

(R.R. accident)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline st. Emerg

Date July 17, 1907.

Place of Burial Emmanuel Cemetery

Date July 18 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of V

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2744

City of Baltimore, (No. 1066 Granby St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida Fonian.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W.
DATE OF BIRTH	May 25 1907 (Month) (Day) (Year)
AGE	years, 1 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Sgle.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Sam: Fonian
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Annie Epstein
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~Alfred Whitehead~~ Samuel Fonian

(Address) 1066 Granby St.

Filed 7/17 1907

~~W. J. C. DULANY~~ PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 17 1907

that I last saw her alive on July 17 1907,

and that death occurred, on the date stated above, at 12 30 P.M. The CAUSE OF DEATH was as follows:

Dry Nursed - Peptonic
Malassimilation of food
Sinistrosis (DURATION) DAYS

Contributory Marasmus
(DURATION) DAYS

(Signed) Alfred Whitehead M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Dale Hebrew Philipp Rd Roads	July 17, 1907
UNDERTAKER	ADDRESS
Max Levinson	1120 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

Ward 16 Registered No. B C 2745

CERTIFICATE OF DEATH. C 2745

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Siegel

{ Residence, if in Baltimore, Give Street and Number. } 103 S. Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 8 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Simon Siegle

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Caplan

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Siegle

(Address) 103 S Bond st

Filed July 18th 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

6460

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from \ 190 to \ 190

that I last saw h alive on \ 190 ;

and that death occurred, on the date stated above, at 9.50 a M. CAUSE OF DEATH (Secondary or Immediate)

Burns Body (face)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Coroner M.D.

Address

Date July 17—07 190

Place of Burial Hebrew Rodale Cemetery

Date July 18, 190

Undertaker Max Levinson

Address 1620 Mc Elderry st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If ... gives ...

SEX

DATE

AGE

SINGLE WIDOWED

BIRTH (State

FULL OF F

BIRTH OF F (State

MAID OF M

BIRTH OF M (State

OCCU OF D

THE BEST (Infor

Filed

Registered No. B ..... 17°

CERTIFICATE OF DEATH.

C. 2746

(Place of Death.) No. 107 N. Wolfe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Stern

{ Residence, if in Baltimore, Give Street and Number. } 107 N. Wolfe st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 27 1878

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Peter Stern

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Maerling

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Tanner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Stern

(Address) 107 N. Wolfe st

Filed July 18th 1907 HARRY G. ANDREWS Registrar PERPETUAL CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Hemorrhage of brain due to a blow

(DURATION) DAYS

Contributory (Primary) Homicide

(DURATION) DAYS

(Signed) Fredk Camillus M.D.

Address Corner Mt Ave & Eutaw

Date July 16 — 1907

Place of Burial Holy Redeemer

Date July 18 1907

Undertaker Jas. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

CERTIFICATE OF DEATH.

14 V

(Place of Death.) No. 2212 Division St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herbert Gaugh.

{Residence, if in Baltimore, Give Street and Number.} 2212 Division St

Duration of Residence in Baltimore. 3yrs. C.2747

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Mail	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 3 years, 9 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	— —
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Frank Gaugh
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Susie Lorens
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Lorens

(Address) 2212 Division

Filed 7/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 16 1907

that I last saw him alive on July 15 1907

and that death occurred, on the date stated above, at 5.05 M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Dysentery.

(DURATION) 14 DAYS

(Signed) Edw. J Fitzgerald M.D.

Address 1118 Druid Hill Ave

Date July 16. 1907

Place of Burial at Peters

Date July 18 1907

Undertaker Wm J Johnson

Address 611 Baker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

167

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Jamison

{ Residence, if in Baltimore, Give Street and Number. } 632 Vine st.

Duration of Residence in Baltimore. 30 yrs.

C.2748

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colored

DATE OF BIRTH 1

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER not known

BIRTHPLACE OF FATHER (State or country) — — — —

MAIDEN NAME OF MOTHER — — — —

BIRTHPLACE OF MOTHER (State or country) — — — —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Geo Cash

(Address) 617 Raborough st.

Filed 7/18 1907 HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 — 1907

I HEREBY CERTIFY, That I attended deceased from Coroners Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia

(DURATION) DAYS

Contributory (Primary.) Accidental fall down hatchway (DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 216 N Carolina st.

Date July 17 1907

Place of Burial Mt Auburn

Date July 19 1907

Undertaker Alex H Emsley

Address 574 W. Biddle st

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B ..... C 2749

CERTIFICATE OF DEATH.

(Place of Death.) No. 1511 Montrose St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Agness Barnett

{Residence, if in Baltimore, Give Street and Number.} 1511 Montrose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Oct 16 1906

AGE — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jno. W. Barnett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Martha Barnett

BIRTHPLACE OF MOTHER (State or country) Baltimd

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Barnett

(Address) 1511 Montrose St

Filed 7/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 16 1907

that I last saw h[illegible] alive on July 16 1907

and that death occurred, on the date stated above, at 3 30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

2 Wks

(DURATION) DAYS

Contributory (Primary) Convulsions 1 da

(DURATION) DAYS

(Signed) G W. Slater M.D.

Address 1703 W Fayette

Date July 17 1907

Place of Burial Laurel

Date July 18 1907

Undertaker Alfred J Freeland

Address 106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2250

City of Baltimore, (No. #703 N. Central Ave St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Mills

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March (Month) 15th (Day) 1821 (Year)

AGE 86 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Enoch Mills

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Hankonn Amis

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Mills

(Address) #120 N Front St

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16th 1907 to July 17th 1907

that I last saw him alive on July 17th 1907, and that death occurred, on the date stated above, at 12.10 P. M. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) ... DAYS

Contributory ...

(DURATION) ... DAYS

(Signed) John J. Finch M. D.

July 17th 1907 (Address) 36 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL Hebrew Belair Rd

DATE OF BURIAL July 18 1907

UNDERTAKER Max Levinson

ADDRESS 1620 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 243 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Hicks

{ Residence, if in Baltimore, Give Street and Number. } 243 Dolphin St.

Duration of Residence in Baltimore. Life (2751)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Afro-Am

DATE OF BIRTH: Dec 1 1907

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City.

FULL NAME OF FATHER: James Hicks

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Carrie Bonds

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND, BELIEF.

(Informant) Nathaniel Hicks

(Address) 243 Dolphin St

Filed 7/18 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907.

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 17 1907 that I last saw h— alive on July 16 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 4 DAYS

Contributory (Primary.) Inanition

Acute Myocarditis (DURATION) ..... DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. ave

Date July 17th 1907.

Place of Burial Mt Auburn Cemetery

Date July 18 1907

Undertaker Geo H Hooper

Address 609 Little Pacific St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 3021 Walbrook Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen Waldorf

{Residence, if in Baltimore, Give Street and Number.} 3021 Walbrook Ave.

Duration of Residence in Baltimore. life

C 21752

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH	1
AGE	— years, 2 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Jonas Waldorf
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Madge Estep
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. Waldorf

(Address) 3021 Walbrook Ave

Filed 7/18 1907

BARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 17 1907 that I last saw h-r alive on July 17 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 5 DAYS

Con'ributory (Primary.) Congenital Debility

(DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 2022 E. Monument St.

Date July 17 1907

Place of Burial Hebrew Friendship

Date July 19 1907

Undertaker Ward & Goodheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

156

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jeremiah Cahill

{Residence, if in Baltimore, Give Street and Number.} 2114 Ashland Ave

Duration of Residence in Baltimore. Life

C 2753

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Do not know 1860

AGE: 47 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Cahill

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Noughton

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 7/17 190 7 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17th 1907

I HEREBY CERTIFY, That I attended ~~deceased~~ from No record 190 to 190

that I last saw h.. alive on no record 190

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Diarrhea

(DURATION) DAYS

Con'ributery (Primary.) Paralysis

12 Years (DURATION) DAYS

(Signed) F. A. Vance, M.D.

Address 1133 Valley st

Date July 17 1907

Place of Burial St. Peter's Cemetery

Date July 19th 1907

Undertaker Evans & Jones

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2754

City of Baltimore, (No. 253 Mowling Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert E Wales

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 2 (Day) 1907 (Year)

AGE: ..... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Albert E. Wales Jr.

BIRTHPLACE OF FATHER (State or country): Ft Washington

MAIDEN NAME OF MOTHER: Emma D. Roberts

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert E Wales

(Address) 253 Mowling Ave

Filed 7/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 17 1907

that I last saw h alive on July 17 1907,

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum (DURATION) 4 DAYS

Contributory convulsions

(DURATION) 1 DAYS

(Signed) M. A Fauz M. D.

July 18 1907 (Address) 12 E 25

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Mary's | DATE OF BURIAL: July 19 1907

UNDERTAKER: A J Marshall | ADDRESS: 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

42 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Jud General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara E. Halstead

{Residence, if in Baltimore, Give Street and Number.} 1837 Aisquith St.

Duration of Residence in Baltimore. 50 years.

C. 2755

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR White

DATE OF BIRTH —— 1——

AGE 30. years, 9 months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Christian Lantzak

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin G. Halstead

(Address) 1809 Aisquith St

Filed 7/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 17 1907 that I last saw h—r alive on July 17 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 4 DAYS

Con'ributory (Primary.) Carcinoma Uteri

(DURATION) four years DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N. LaFayette ave

Date July 17 1907

Place of Burial Mount Ridge Cem

Date July 19 1907

Undertaker Lowe Bros

Address 938 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

1062

(Place of Death.) No. 1607 Presbury St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William J. Machen

{Residence, if in Baltimore, Give Street and Number.} 310 1607 Presbury St

Duration of Residence in Baltimore. 31 years. C 2756

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Norfolk Va.

FULL NAME OF FATHER: Thomas Machen

BIRTHPLACE OF FATHER (State or couutry): Va.

MAIDEN NAME OF MOTHER: Eliza Grimes

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Mason

(Address) 1614 N. Stricker St

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to July 16 1907 that I last saw h in alive on July 16 1907, and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or immediate)

1. Chronic Entero-Colitis

abt 8 mos (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Reginald Dill M.D.

Address Lombd & Stricker Sts

Date July 17 1907

Place of Burial National Cem

Date July 18 1907

Undertaker Wm Cook

Address 2510 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2757

City of Baltimore, (No. 2216 Cleveland Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Katherine Barry.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby (Month) 14, (Day) 1907, (Year)

AGE ..... years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Wm H Barry.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary Brenuller

BIRTHPLACE OF MOTHER (State or country) Phila Pa

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brenuller

(Address) 2216 Cleveland Place

Filed 7/18 1907

HARRY O. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month), 18th (Day) 1907, (Year)

I HEREBY CERTIFY, That I attended deceased from

7-17 1907 to 7-15 1907

that I last saw h[er] alive on 18 1907,

and that death occurred, on the date stated above, at 7.15 P.M. The CAUSE OF DEATH was as follows:

Meningetis

(DURATION) 1 DAYS

Contributory Cholera Inf.

(DURATION) 2 DAYS

(Signed) J. Chas Beeli, M. D.

7/18 1907 (Address) 130 Patterson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL St Matthews

DATE OF BURIAL July 20 1907,

UNDERTAKER Wm Cook

ADDRESS 507 E Northan

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 E Chase St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary E Cole

{Residence, if in Baltimore, Give Street and Number.} 1626 E Chase St

Duration of Residence in Baltimore. Life

C 1758

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: 1854

AGE: 53 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Owen W Stockton

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary E Leary

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas A Cole

(Address) 1626 E Chase St

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from August 1 1907 to July 17 1907 that I last saw h[er] alive on July 16 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Carcinoma of rectum (DURATION) 4 Mos DAYS

(Signed) W. E. Ford M.D.

Address 1202 E Monument St

Date July 17 1907

Place of Burial Baltimore County

Date July 19 1907

Undertaker Wm J Schaeffer

Address 8 S Grant St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1435 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adelbert F. Hotopp

{ Residence, if in Baltimore, Give Street and Number. } 1435 Myrtle Ave.

Duration of Residence in Baltimore.

C. 2759

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White.
DATE OF BIRTH	Oct 25 1897
AGE	10 years, 8 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Pa
FULL NAME OF FATHER	Carl H Hotopp.
BIRTHPLACE OF FATHER (State or country)	Pa
MAIDEN NAME OF MOTHER	Maria Funcke
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Anna Funcke

(Address) 1435 Myrtle Ave.

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17, 1907

I HEREBY CERTIFY, That I attended deceased from June 13 1907 to July 17 1907 that I last saw him alive on July 17 1907, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal hemorrhage

(DURATION) 4 DAYS

Contributory (Primary.) typhoid fever

(DURATION) 34 DAYS

(Signed) H. M. Stevenson M.D.

Address 431 North Carey St.

Date July 17, 1907.

Place of Burial Charlottesville Va

Date July 19-1907. 190

Undertaker Mrs Andrew Robertson

Address 720 Pine ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1701 Thomas Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olga Jasperson

{Residence, if in Baltimore, Give Street and Number.} 1701 Thomas Ave

Duration of Residence in Baltimore. 3 yrs

C.2760

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1887

AGE 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Wisconsin

FULL NAME OF FATHER Jamie Jasperson

BIRTHPLACE OF FATHER (State or country) Wisconsin

MAIDEN NAME OF MOTHER Carrie Jasperson

BIRTHPLACE OF MOTHER (State or country) Wisconsin

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Jasperson

(Address) 1701 Thomas Ave

Filed 7/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 15th 1907

I HEREBY CERTIFY, That I attended deceased from April 16 1907 to July 15 1907

that I last saw her alive on July 15 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(Pulmonic) X

General Septic infection

(DURATION) 1½ days

Contributory (Primary.) Cardiac

Insufficiency (DURATION) DAYS

(Signed) W. D. Olmstead M.D.

Address 1828 W North Ave

Date 7/16 1907

Place of Burial Western Cemetery

Date July 18th 1907

Undertaker Wm. M. Gawthrop.

Address 901 N Howard St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1673 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. A. Schaake

{Residence, if in Baltimore, Give Street and Number.} 1673 N. Milton Ave

Duration of Residence in Baltimore. Life

C 2761

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 12th 1863

AGE 43 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Schaake

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Schaake

(Address) 1673 N Milton

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 16 1907

that I last saw h[illegible] alive on July 15 1907,

and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) 90 DAYS

Contrlbutory (Primary.)

(DURATION) DAYS

(Signed) J. H. Cushing M.D.

Address 1343 Light St

Date July 17 1907

Place of Burial Mt. Carmel Cem

Date 7/18/07 190

Undertaker J. Herwig & Son

Address 2018 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. D

CERTIFICATE OF DEATH.

(Place of Death.) No. 1234 Battery Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond E. Trauty

{ Residence, if in Baltimore, Give Street and Number. } 1234 Battery Ave

Duration of Residence in Baltimore. Life

C. 2767

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 23rd 1906

AGE: 1 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo. Trauty

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Alice Webb

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Trauty

(Address) 1234 Battery Ave

Filed 7/18/07 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16, 1907

I HEREBY CERTIFY, That I attended deceased from July 15, 1907 to July 15, 1907

that I last saw him alive on July 15, 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro-enteritis (DURATION) 7 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 653 Columbia Ave

Date July 17, 1907

Place of Burial Balto. Cem.

Date 7/18/07 190

Undertaker J. Herwig & Son

Address 900 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 Pine (Pini) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Gibson

{ Residence, if in Baltimore, Give Street and Number. } 222 Pine St.

Duration of Residence in Baltimore. Life time

C 27763

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Col

DATE OF BIRTH: July 16 1895

AGE: 12 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Abraham Gibson

BIRTHPLACE OF FATHER (State or country): West River Md.

MAIDEN NAME OF MOTHER: Rebeca Barnhard

BIRTHPLACE OF MOTHER (State or country): Howard Co Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard E Beach

(Address) 837 N Fayette St.

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 16 1907 that I last saw h[illegible] alive on July 15 1907, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(non Puerperal)

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L E. Beach M.D.

Address 837 N. Fayette St.

Date July 17 1907

JOHNS HOPKINS HOSPITAL

Place of Burial

Date JUL 17 1907 190

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

74

105

CERTIFICATE OF DEATH.

(Place of Death.) No. University Lying In Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby of Annie Gehring

{Residence, if in Baltimore, Give Street and Number.} 622 W. Lombard St.

Duration of Residence in Baltimore. 7 days

C.2764

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 7 1907
AGE	— years, — months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Annie Gehring
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Gehring

(Address) 31 Stafford St. City

Filed 7/18 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 14 1907 that I last saw h in alive on July 14 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Gastro. Intestinal Intoxication (DURATION) 3 DAYS

(Signed) Robt. C. Bay M.D.

Address University Hospital

Date July 17 1907

COLLEGE OF P. & S.

Place of Burial

Date JUL 17 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

17 3

1064

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Cummings

{Residence, if in Baltimore, Give Street and Number.} 2023 Woodbury Ave

C 2765

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1.....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo Owens

BIRTHPLACE OF FATHER (State or country): Balt Co Md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 17 1907 that I last saw her alive on July 17 1907 and that death occurred, on the date stated above, at 2.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Colitis

..... (DURATION) ..... DAYS

Contributory (Primary) Carcinoma

Pleurisy (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date July 17 1907

Place of Burial St Mary's

Date July 18 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bloomingdale Ave Lafayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sophia M. Vedder

{ Residence, if in Baltimore, Give Street and Number. } Bloomingdale Ave

Duration of Residence in Baltimore. 18 Years

C 2766

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH June 30 1838

AGE 69 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) D.C.

FULL NAME OF FATHER Jeffreys Osborn

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Vedder.

(Address) Bloomingdale Ave

Filed 7/18 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 17 1907 that I last saw h-- alive on July 17 1907 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 10 DAYS

Con'ributory (Primary.) Organic disease of heart (DURATION) 8 Yrs.

(Signed) Co. H. Hoffman M.D.

Address 702 W. Fayette St.

Date July 17th 1907

Place of Burial London Park

Date July 19 1907

Undertaker W. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B .....

1907

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital - Baltimore Md St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susan Henry

{ Residence, if in Baltimore, Give Street and Number. } 631 Calvert St

Duration of Residence in Baltimore. 24 yrs

C2767

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Brown

(Address) 631 N. Calvert St.

Filed 7/18 1907

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to July 17 1907

that I last saw h.. alive on July 17 1907

and that death occurred, on the date stated above, at 11

1 M. CAUSE OF DEATH (Secondary or Immediate.)

Broken Cardiac Compensation

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D Street M.D.

Address City Hospital - Balto

Date July 17 1907

Place of Burial Sewell Hartford Co

Date July 18th 1907

Undertaker E Schloman & Son

Address 1639 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 27 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Hill

{ Residence, if in Baltimore, Give Street and Number. } 27 N. Bruce St

Duration of Residence in Baltimore. 15 years C2768

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Hill

(Address) 27 N. Bruce

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7-16-1907

I HEREBY CERTIFY, That I attended deceased from June 18 1907 to July 16 1907 that I last saw him alive on July 16 1907 and that death occurred, on the date stated above, at 8:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

(DURATION) 28 DAYS

Contributory (Primary.) Hemorrhage of Lungs (DURATION) 28 DAYS

(Signed) Dr. Gus Bernard M.D.

Address 708 Ensor St

Date July 18 1907.

Place of Burial Mt Auburn

Date July 18 1907

Undertaker Jno. A. Tradum

Address 142 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 N. Peter st St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Laura V Rooney

{Residence, if in Baltimore, Give Street and Number.} 920 N. Peter

Duration of Residence in Baltimore. Life time C2769

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 36 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry Hensler

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Lynskey

(Address) 920 N. Peter st

Filed 7/18/1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17, 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1907 to July 17, 1907, that I last saw her alive on May, 1907, and that death occurred, on the date stated above, at 1-30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Uterus

Probably 2 yrs
(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Tumpkin M.D.

Address 653 Columbia Ave.

Date July 18, 1907

Place of Burial New Cathedral

Date July 19 1907

Undertaker John L. Logan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2501 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia E. Smith

{Residence, if in Baltimore, Give Street and Number.} 2501 W. Fayette St

Duration of Residence in Baltimore. 46 yrs.

C 270

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Dec 10th 1860

AGE: 46 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John C Schaefer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Matilda Holtz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie M. Smith

(Address) 2501 W. Fayette St

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 17 a.m. 1907 to July 17 a.m. P.M. 1907

that I last saw h.r alive on July 17 1907,

and that death occurred, on the date stated above, at 10. 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

asphyxiation

(DURATION) 1/2 DAYS

Contributory (Primary.) Ptomaine Poisoning

Gasto-enteric intoxication (DURATION) 2 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto St

Date July 18 1907

Place of Burial New Cathedral

Date July 20th 1907

Undertaker Geo. Weber

Address 1155 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1805 Baker St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Leo Coffey

{ Residence, if in Baltimore, Give Street and Number. } 1805 Baker St

Duration of Residence in Baltimore. Life time

C 2771

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 16th 1907

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James J. Coffey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Davis

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Coffey

(Address) 1805 Baker St

Filed 7/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18th 1907

I HEREBY CERTIFY, That I attended deceased from July 17th 1907 to July 18th 1907

that I last saw him alive on July 17th 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Congestion of Brain

Probable Congenital Heart Disease (DURATION) 2 DAYS

(Signed) Lewis Reynolds M.D.

Address 209 N Charles St

Date July 18th 1907

Place of Burial New Cathedral

Date July 18th 1907

Undertaker M. Fahey & Son

Address 624 Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 N. Port St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Dombrosky

{Residence, if in Baltimore, Give Street and Number.} 105 N Port St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 22nd 1871
AGE	36 years, 4 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Emelinski
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Dombrowski

(Address) 105 N. Port St

Filed 7/18/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to July 16 1907

that I last saw her alive on July 15 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

about 3 Mo. (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date July 16 1907

Place of Burial St. Stanislaus Cem.

Date July 19½ 1907

Undertaker Germanus Franco

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D .....

6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 S Bethel St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number) Anna Wonsowicz

Full Name Anna Wonsowicz

{Residence, if in Baltimore, Give Street and Number.} 506 S Bethel

Duration of Residence in Baltimore. Life

C 2773

PERSONAL AND STATISTICAL PARTICULARS	
SEX: 7	COLOR: W
DATE OF BIRTH: May 12 1706	
AGE: 1 years, 2 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balt	
FULL NAME OF FATHER: John Wonsowicz	
BIRTHPLACE OF FATHER (State or country): Poland	
MAIDEN NAME OF MOTHER: Anna Wonsowicz	
BIRTHPLACE OF MOTHER (State or country): Poland	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wonsowicz

(Address) 506 S Bethel St

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 18 1907

that I last saw h.. alive on July 17 1907

and that death occurred, on the date stated above, at 2

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Meningitis

(DURATION) 3 DAYS

Con'ributory (Primary.) —

(DURATION) DAYS

(Signed) J. J. Weinbaum M.D.

Address 16 E Baltimore

Date July 18 1907

Place of Burial Holy Rosary.

Date July 18th 1907

Undertaker Jacob Jackowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 578 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Majka

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 15 Years

C2774

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 28 1847

AGE: 60 years, months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Adam Bart

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Tekla Baranka

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Majka

(Address) 578 S. Chapel St

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 16 1907

that I last saw h[illegible] alive on July 16 1907

and that death occurred, on the date stated above, at 10

A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (DURATION) 14 DAYS

Contributory (Primary.) Pneumonia (DURATION) 6 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann St

Date July 17 th 1907

Place of Burial Holy Rosary.

Date July 19 1907

Undertaker Jacob Trakowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1912 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Susan Kelly

{ Residence, if in Baltimore, Give Street and Number. } 1912 Mc Henry st.

Duration of Residence in Baltimore. Life

c 2775

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Dec 28 1834
AGE	72 years, 6 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Thomas Parson
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Elizabeth Hallham
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Midwife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelia E Reynolds

(Address) 2022 Wilkens ave

Filed 7/18 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1907

I HEREBY CERTIFY, That I attended deceased from May 8th 1907 to July 17th 1907

that I last saw her alive on July 15th 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

one hour (DURATION) 0 DAYS

Contributory (Primary) Chronic Nephritis

Several years (DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st

Date July 17th 1907

Place of Burial Loudon Park

Date July 20 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Remove to 2022 Wilkens ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 413 E. Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelin Sears.

{ Residence, if in Baltimore, Give Street and Number. } 413 E. Cross St.

C. 27 V

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 4th 1907

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Edwin S Sears.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Annie E Hollins

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin S Sears.

(Address) 413 E Cross St

Filed 7/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 17 1907

that I last saw h..... alive on July 16 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 10 DAYS

Con'tributory (Primary.)

(DURATION) 10 DAYS

(Signed) W. L. Smith M.D.

Address 528 Hanover St

Date July 17 1907

Place of Burial Cedar Hill

Date July 19 1907

Undertaker E Hearle

Address 110 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burying the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 619 n Parkt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Pohp

{ Residence, if in Baltimore, Give Street and Number. } life 619 n Parkt

Duration of Residence in Baltimore. life

12777

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 17 1907

AGE ..... years, ... months, 30 minutes days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John E Pohp

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Carrie Seibert

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Pohp

(Address) 619 n Parkt

Filed 7/19 1907

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 17 1907

that I last saw her alive on July 17 1907

and that death occurred, on the date stated above, at 7.30 P M.

CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) A. C. Dearn M.D.

Address 156 Christian st

Date July 18 1907

Place of Burial Greenlawn Cemetery

Date JUL 18 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

97 L

CERTIFICATE OF DEATH.

(Place of Death.) No. On P R R Train St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edward J Bradley

{ Residence, if in Baltimore, Give Street and Number. } Gallitzen Pa

Duration of Residence in Baltimore. None

C.277

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 16 1865

AGE 42 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn

FULL NAME OF FATHER Thomas Bradley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine King

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Bradley

(Address) Gallitzen Pa

Filed 7/19/1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to date 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Asthma

(DURATION) — DAYS

Con'tributory (Primary.)

(DURATION) — DAYS

(Signed) Benj S Hanson Coroner M.D.

Address 1216 N Caroline St.

Date July 19, 1907

Place of Burial Gallitzen Pa

Date July 19 1907

Undertaker Graham & Walker

Address 723 N La Fayette Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2779

City of Baltimore, (No. 802 E. Fort Ave. St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Pearl Gordon

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR white

DATE OF BIRTH April 18th 1907
(Month) (Day) (Year)

AGE ..... years, 3 months, 18 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Woolfoot Gordon

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Harbaugh

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Woolfort Gordon

(Address) 802 E Fort ave.

Filed 7/19/07 190

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to July 18 1907

that I last saw her alive on July 17 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Congestion of Liver.

Jaundice

Contributory ..... (DURATION) ..... DAYS

this Jaundice & Intes- (DURATION) 14 DAYS

(Signed) Wm B. McDonnell, M. D.

July 18 1907 (Address) 302 Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cedar Hill

DATE OF BURIAL July 19th 1907

UNDERTAKER Jos. Stuntebeck

ADDRESS 1318 Lombard

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1512 E Chase St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Junius S Carcaud

{ Residence, if in Baltimore, Give Street and Number. } 1512 E Chase

Duration of Residence in Baltimore. Life

C 2780

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH: Oct 30 th 1902	
AGE: 4 years, 8 months, 17 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Stephen Carcaud	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Louis Myers M.D	
BIRTHPLACE OF MOTHER (State or country): Annaarundell Co	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Stephen Carcaud

(Address) 1512 E. Chase St.

Filed 7/19/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: July 17 1907	

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 17 1907 that I last saw him alive on July 17 1907 and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Colitis

(DURATION) 5 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) John T Avery M.D.

Address 1823 Broadway

Date July 18 1907

Place of Burial Cedar Hill Cem

Date July 20 1907

Undertaker Jos Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d... give...

SEX

DATE

AGE

SINGL... Wid... C

BIRTH... (State...

FULL... OF F...

BIRTH... OF F... (State...

MAID... OF M...

BIRTH... OF M... (State...

OCCU... OF DE...

THE A... BEST...

(Infor...

Filed 7/

CERTIFICATE OF DEATH.

(Place of Death.) No. 512 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pelagia Helinska

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. life Since

C. 12781

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 20 1905

AGE: 1 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ludwik Helinski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Daniez

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwik Helinski

(Address) 512 S. Wolf St

Filed 7/19/07 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 18 1907

that I last saw h[illegible] alive on July 18 1907,

and that death occurred, on the date stated above, at 3 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 1 DAYS

Contributory (Primary.)

Indigestion (DURATION) 3 DAYS

(Signed) S. J. Szmurlski M.D.

Address 712 S. Eden St

Date July 19th 1907

Place of Burial Holy Rosary

Date Saturday July 20th 1907

Undertaker M. F. Radowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ceased, and the ***cause and date of death.***

Ward 1 Registered No. B 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 2102 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leon Derda

{Residence, if in Baltimore, Give Street and Number.} 2102 Aliceanna

Duration of Residence in Baltimore. Life c. 1788

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 5 1907

AGE: ..... years, 5 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md

FULL NAME OF FATHER: Michael Derda.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Stanistawa Dzenick.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Derday

(Address) 2102 Aliceanna St

Filed 7/19/07 190.

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 18 1907

that I last saw h— alive on July 18 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 1C Hamburg

Date July 19 1907

Place of Burial Holy Rosary.

Date Saturday July 20" 1907

Undertaker M. A. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate g forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1520 Eshland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louille Henry

{ Residence, if in Baltimore, Give Street and Number. } 1520 Eshland Ave

Duration of Residence in Baltimore. Life

C. 2783

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Garfield Hackette

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Minnie Henry

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Henry

(Address) 1520 - Eshland Ave

Filed 7/18/1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1907

I HEREBY CERTIFY, That I attended deceased from July 17th 1907 to July 18th 1907

that I last saw her alive on July 17th 1907

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. B. Taylor M.D.

Address 838 N Broadway

Date July 18th 1907

Place of Burial Mt Zion

Date July 19 — 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C.2784

Registered No. BC [illegible] 1

City of Baltimore, (No. 1538, St.; Richland Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elva Jane Hare

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 1 (Day) 1907 (Year)

AGE: ~~years~~, ~~months~~, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: George F. Hare

BIRTHPLACE OF FATHER (State or country): Grade Rms Balto Co Md

MAIDEN NAME OF MOTHER: Eliza Wilhelm

BIRTHPLACE OF MOTHER (State or country): Black Rock Balto Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F. Hare

(Address) 1538 E. Richland St.

Filed 7/1907 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to July 18th 1907

that I last saw h[illegible] alive on July 18 1907,

and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Cholera Morbus

(DURATION) 7 DAYS

Contributory Heart-Trouble

(DURATION) DAYS

(Signed) John J. Ruby M. D.

July 18 1907 (Address) 235 N. Hunterson Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hampstead, Md	July 20 1907
UNDERTAKER	**ADDRESS**
Grikler + Grikler	1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 Frederick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon Humphreys

{ Residence, if in Baltimore, Give Street and Number. } 620 Frederick ave.

C. 27785

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	January 20 1907
AGE	— years, 5 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Charles Humphreys
BIRTHPLACE OF FATHER (State or country)	Baltimore Co
MAIDEN NAME OF MOTHER	Ida Belle Hush
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Humphreys

(Address) 620 Frederick ave

Filed 7/19/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 18 1907 that I last saw h sm alive on July 18 1907, and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery

(DURATION) 2 DAYS

Contributory (Primary.) asthenia

(DURATION) 9 hours DAYS

(Signed) Asa L Wessels M.D.

Address 510 Frederick ave

Date July 18 1907

Place of Burial Lorraine Cemetery

Date July 20th 1907

Undertaker Jos B. Cook

Address 1003 W Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Elijah L. Jackson

{Residence, if in Baltimore, Give Street and Number.} 11 Penn St

Duration of Residence in Baltimore. —

C. 2786

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: .....1.....

AGE: 45 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): ~~Married~~ Md

FULL NAME OF FATHER: Samuel T Jackson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Jackson

(Address) 11 Penn St

Filed 7/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18th 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 18 1907

that I last saw him alive on July 18 1907

and that death occurred, on the date stated above, at 9.25

11. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of the Heart.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E. L. Richardson M.D.

Address Johns Hopkins Hospital

Date July 19 1907

Place of Burial Mt Auburn

Date July 21 1907

Undertaker Abel Stansbury

Address 5700 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2787

City of Baltimore, (No. Beach Ave & 12th Street St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Gardner.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: Oct (Month) (Day) 1901 (Year)

AGE: 0 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Charles Gardner

BIRTHPLACE OF FATHER (State or country): Anna Arundel Co Md.

MAIDEN NAME OF MOTHER: Mattie Holmes

BIRTHPLACE OF MOTHER (State or country): Essex Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father.

(Address) Beach & 12th

Filed 7/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Was called this afternoon and as was Dr Hunter and Dr Dickson found all were out— Ex (DURATION) DAYS

Contributory Dr Report case from history as (DURATION) DAYS

(Signed) Gastro Enteritis M. D.

190 Acute Indigestion (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 3100 N Howard St How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Lebanon — DATE OF BURIAL: July 19 1907

UNDERTAKER: Wm J Johnson — ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2788

City of Baltimore, (No. #2, Stone Hill St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Russel Samuel King

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: March 13 (Month) (Day) 1907 (Year)

AGE: — years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: D. C. King

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jno Jno

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. C. King

(Address) 2 Stone Hill

Filed 7/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to July 18 1907, that I last saw him alive on July 18 1907, and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 4 DAYS

Contributory Malnutrition

(DURATION) 30 DAYS

(Signed) A. O'Reilly M. D.

July 18 1907 (Address) 3849 Rolandale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: July 20 1907

UNDERTAKER: Wm E Chenowith

ADDRESS: 919 31st Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene Gray

{ Residence, if in Baltimore, Give Street and Number. } No E. H.

Duration of Residence in Baltimore. Life

C 2784

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 22nd 1907

AGE: ..... years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M P Stone

(Address) No E, H.

Filed 7/1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1907

I HEREBY CERTIFY, That I attended deceased from June 4th 1907 to July 17, 1907

that I last saw h... alive on July 16 - 1907,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) life DAYS

Contributory (Primary.)

(DURATION) life DAYS

(Signed) H Lee Hagner M.D.

Address 922 Madison Ave.

Date 1907

Place of Burial Loudon Park

Date July 18 1907

Undertaker Holt Blizzard & Co

Address 1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1719 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Aniela Kasaps

{ Residence, if in Baltimore, Give Street and Number. } Balto

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 30 1906

AGE: ..... years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles Kasaps

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Kady Prulewska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kady Kasaps

(Address) 1719 Thames St

Filed / / 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to July 17 1907

that I last saw h[illegible] alive on July 17 1907

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera

In Jaundice (DURATION) 9 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 3 DAYS

(Signed) S. J. Szumalski M.D.

Address 1722 S. Ann

Date July 18 1907

Place of Burial Holy Rosary

Date ~~July~~ July 19 1907

Undertaker Jacob Faikus

Address 428 S Bond

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 Little Paca St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mayer Agnes Lindemeyer

{ Residence, if in Baltimore, Give Street and Number. } 606 Little Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 10 1906

AGE: 1 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Gustave Lindemeyer

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Deaby Kirk

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deaby Lindemeyer

(Address) 606 Little Paca St

Filed 7/19/1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 (2 AM) 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to July 16th 1907 that I last saw her alive on July 16 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 10 DAYS

Contributory (Primary.) Gastro-Enteritis (DURATION) — DAYS

(Signed) L. Muckle M.D.

Address 502 S. Paca St.

Date July 18 1907

Place of Burial Saint Peters Cemetery

Date July 19 1907

Undertaker F. A. Krause Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1436 John St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Janet Donahue

{ Residence, if in Baltimore, Give Street and Number. } 1436 John St

Duration of Residence in Baltimore. abt 50 years c.2792

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: White

DATE OF BIRTH: April 3 1842

AGE: 65 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Hanover Md.

FULL NAME OF FATHER: Wm. H Clabaugh

BIRTHPLACE OF FATHER (State or couutry): Carroll Co.

MAIDEN NAME OF MOTHER: Lucelia Lewis-Brent

BIRTHPLACE OF MOTHER (State or country): Hanover Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nina Langabee

(Address) 1436 John St.

Filed 7/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18 1907

I HEREBY CERTIFY, That I attended deceased from May 31 1906 to July 18 1907 that I last saw h— alive on July 18 1907, and that death occurred, on the date stated above, at 7.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

(DURATION) 14 Months

Contributory (Primary.) Hypertrophy

(DURATION) DAYS

(Signed) Jno L Ferguson M.D.

Address 1130 W Lo Fayette Ave

Date July 18 1907

Place of Burial Druid Ridge

Date July 20th 1907

Undertaker Wm Jackson Son & Co

Address 304 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 N. Bond St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Emily Jordan

{ Residence, if in Baltimore, Give Street and Number. } Harners Lane Relco

Duration of Residence in Baltimore. Since Born

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Brown

DATE OF BIRTH: Nov 8th 1906

AGE: ..... years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Walter Jordan

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: Ida Lilly Jones

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Walter Jordan

(Address) Harners Lane Relco

Filed 7/19/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1907

I HEREBY CERTIFY, That I attended deceased from July 18th 1907 to July 18th 1907 that I last saw h[er] alive on July 18 1907, and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Rare dispto Meningitis (
Seen by Dr Turner

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) Two DAYS

(Signed) W. Winsey M.D.

Address 1220 E. Fayette

Date July 19th 1907

Place of Burial St Peters Cemetery

Date July 19th 07 190

Undertaker C. C. Wright

Address 1364 N Gilmor St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1511 North Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelius Thomas

{ Residence, if in Baltimore, Give Street and Number. } 1511 North Stricker.

Duration of Residence in Baltimore. Life

C 2794

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Aug 20th 1835	
AGE: 72 years, — months, — days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed	
BIRTHPLACE (State or country): Md Balto Cty	
FULL NAME OF FATHER: Cornelius Thomas	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Mary M. Moore	
BIRTHPLACE OF MOTHER (State or couutry): Va	
OCCUPATION OF DECEASED: Merchant	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C F Thomas

(Address) St Ann Church

Filed July 17 1907

HENRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to July 17 1907

that I last saw h.. alive on July 17 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio-sclerosis

Nephritis - Fibroid Heart.

(DURATION) DAYS

Con'tributory (Primary.) old age

(DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2205 York Road

Date July 18 1907

Place of Burial New Cathedral

Date July 20th 1907

Undertaker C. J. Shinkfield & Sons

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2008 Wiehelm Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William M Helm

{Residence, if in Baltimore, Give Street and Number.} 2008 Wiehelm Str

Duration of Residence in Baltimore. 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1869

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John B. Helm

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Sarah J Suidall

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice B Helm

(Address) 2008 Wiehelm Str.

Filed 7/19" 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from Jan 2 1907 to July 18 1907 that I last saw h im alive on July 18 1907 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Cachexia — Due to Cancer.

Indefinite (DURATION) — DAYS

Contributory (Primary) Cancer of Gastric Organs — Rectum (DURATION) 10 mos.

(Signed) Geo W Wahle M.D.

Address 1903 W Baltimore St

Date July 18 1907

Place of Burial London Park

Date July 20 1907

Undertaker Owen Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2796

City of Baltimore, (No. 1035 Wilcox St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stewart George White

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October (Month) 13 (Day) 1906 (Year)

AGE ..... years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Arthur White

BIRTHPLACE OF FATHER (State or country) Balto Co. Md

MAIDEN NAME OF MOTHER Agnes Belt

BIRTHPLACE OF MOTHER (State or country) Balto Co. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1035 Wilcox St

Filed 7/19" 1907 HARRY G. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 1907 that I last saw him alive on July 17 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Entrocolitis

4 DAYS (DURATION)

Contributory Debilitim (DURATION) DAYS

(Signed) William France M.D.

7/18 1907 (Address) 1407 Mayfield

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park | DATE OF BURIAL July 19 1907

UNDERTAKER H. C. Widefeld | ADDRESS 914 Gremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hans. Johnson

{ Residence, if in Baltimore, Give Street and Number. } 214 N Central Ave

Duration of Residence in Baltimore.

C. 2797

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR B.

DATE OF BIRTH ? 1

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/19/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1907

I HEREBY CERTIFY, That I attended deceased from June 9th 1907 to July 18th 1907

that I last saw him alive on July 17th 1907 8:30

and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Brain Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Syphilis.

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hosp.

Date July 18th 1907

Place of Burial Leads Island Md

Date July 19 — 1907

Undertaker R A Elliott

Address 504 Royer Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 White St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude Evans

{Residence, if in Baltimore, Give Street and Number.} 1802 White St.

Duration of Residence in Baltimore. Life

C. 2798

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: Nov. 12, 1906	
AGE: ....years, 8 months, 6 days	
SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: George Evans.	
BIRTHPLACE OF FATHER (State or country): Va.	
MAIDEN NAME OF MOTHER: Emeline Hammond	
BIRTHPLACE OF MOTHER (State or country): Va.	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emeline Evans

(Address) 1802 White St.

Filed 7/19/1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18 — 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 19 1907 that I last saw her alive on July 18 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Drunkness

(DURATION) 3 DAYS

Con'tributory (Primary.) Stomach

(DURATION) 3 DAYS

(Signed) D. H. Furcron M.D.

Address 714 S. Sharp St.

Date July 19 — 1907

Place of Burial Mt. Auburn Cem.

Date July 20 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 N. Schroeder St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Jane Watkins

{Residence, if in Baltimore, Give Street and Number.} 125 N. Schroeder

Duration of Residence in Baltimore. 15 years

C. 2799

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: James Barker

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Hettie Alexandra

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Ruth

(Address) 125 N. Schroeder

Filed 7/19/1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 17 1907 that I last saw her alive on July 17 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 17 DAYS

Con'tributory (Primary) Hemorrhage

(DURATION) 17 DAYS

(Signed) C. F. Andrews M.D.

Address 9125 Stark St

Date July 19 1907

Place of Burial Mt. Auburn Cem.

Date July 19 1907

Undertaker John H. Toadvine

Address 1424 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1438 N Broadway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ellanora Maccabbin

{ Residence, if in Baltimore, Give Street and Number. } 1438 N Broadway

Duration of Residence in Baltimore. 50 years C2800

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 19 1840

AGE 66 years, ~ months, ~ days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Canada Ind

FULL NAME OF FATHER Nicholas Hamsin

BIRTHPLACE OF FATHER (State or country) Canada Ind

MAIDEN NAME OF MOTHER Ellanora Hamsin

BIRTHPLACE OF MOTHER (State or country) Canada Ind

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H Francis

(Address) 1438 N Broadway

Filed 7/19/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17. 1907

I HEREBY CERTIFY, That I attended deceased from 1897 190 to July 17. 190 7

that I last saw h 21 alive on " 16 190 7,

and that death occurred, on the date stated above, at 2 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epithelioma of face neck

(DURATION) 10 years DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Hartman M.D.

Address 1121 E Eutaw St.

Date 190

Place of Burial Woodlawn Cem

Date July 20 190 7

Undertaker Edw J Kennedy

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery o Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathan Schapiro.

{Residence, if in Baltimore, Give Street and Number.} No C. Hasp — 210 S. Eden

Duration of Residence in Baltimore. Life

C2801

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 15th 1907

AGE: ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Abraham Schapiro

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Minnie Durkin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Sloan

(Address) No C. Hasp.

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to July 19 1907

that I last saw h. alive on 15th 1907.

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inanition

..... (DURATION) 19 DAYS

Contributory (Primary.)

..... (DURATION) 19 DAYS

(Signed) W. Louis Magruder M.D.

Address 922 Madison Ave.

Date ..... 190.....

Place of Burial Philip's Rd Hebrew

Date July 19, 1907

Undertaker Mart Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person ased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased from sickness, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 Holbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Graham Lucey

{ Residence, if in Baltimore, Give Street and Number. } 127 Holbrook St.

C.2802

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 27th 1907

AGE ..... years, 1 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Cornelius J. Lucey

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Edith Samuels

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 127 Holbrook St

Filed 7/19 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 18 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 7 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Weaver M.D.

Address 16 S. Broadway

Date July 19 1907

Place of Burial New Cathedral Cemetery

Date July 20 1907

Undertaker Henry Hoeck's Sons

Address 301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital, Caroline & Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Schaumel

{ Residence, if in Baltimore, Give Street and Number. } Brunswick Md

Duration of Residence in Baltimore. 24 days

C. 2803

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 47 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Brunswick Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. L. Jenning

(Address) St. Joseph Hosp.

Filed 7/ 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 19 1907 that I last saw h[er] alive on July 19 1907, and that death occurred, on the date stated above, at 5 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 27 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) 26 DAYS

(Signed) C. L. Jenning M.D.

Address St Joseph's Hospital

Date July 19 1907

Place of Burial Brunswick Md

Date July 19th 1907

Undertaker C. Schlosman & Son

Address 1029 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 41 E Wash St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert J. Jennings

{Residence, if in Baltimore, Give Street and Number.} 41 E Wash st

Duration of Residence in Baltimore. life

P. 2804

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Aug 2 1824

AGE: 82 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jasper Jennings

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Margaret Stewart

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fannie Jennings

(Address) 41 E Wash St.

Filed 7/19/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 17 1907 that I last saw him alive on July 17 1907 and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Theron Ortel M.D.

Address 914 N Paca St

Date July 19 1907

Place of Burial Mt Olivet Cemetery

Date July 20 1907

Undertaker Mrs Routson

Address 220 N Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age*** (whether married or single) of the person sed, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 926 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Kelly

{ Residence, if in Baltimore, Give Street and Number. } 926 E. Chase

Duration of Residence in Baltimore. 50 yrs

C. 2605

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Ireland 1827

AGE about 70 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. Kelly

(Address) 1215 Saratoga

Filed 7/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1907

I HEREBY CERTIFY, That I attended deceased from Given 190 to 190

that I last saw h Alive on 190,

and that death occurred, on the date stated above, at Given

M. CAUSE OF DEATH (Secondary or Immediate.) Acute Mania 1906

Natural Causes.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hampson Jones M.D. Asst. Com. of Health

Address 2529 St. Paul

Date July 19th 1907

Place of Burial New Cathedral

Date July - 22 d 1907

Undertaker Wm. M. Gaulthrop

Address 901 N. Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SEE FOLLOWING DOCUMENT

CERTIFICATE OF DEATH.

(Place of Death.) No. 926. E. Chase- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Kelly

{Residence, if in Baltimore, Give Street and Number.} 926. E. Chase- St

C. 2805

Duration of Residence in Baltimore. about 50 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female-

COLOR: White

DATE OF BIRTH: about 1837

AGE: about 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland-

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland -

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland -

OCCUPATION OF DEGEASED: None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw- Kelly

(Address) N Saratoga St.

Filed 7/19 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to July 18 1907

that I last saw h- alive on July 16 1907

and that death occurred, on the date stated above, at 4.30

1. CAUSE OF DEATH (Secondary or Immediate)

General Paralysis

(DURATION) 3 Mos.

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Martin M.D.

Address 1002 W Lat. St

Date July 22 1907

Place of Burial New Cathedral

Date July - 20 th 1907

Undertaker Wm C. H. Hawthorn

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

C 2806

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 435 Heath St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William C Bayne

{ Residence, if in Baltimore, Give Street and Number. } 43 E Heath St

C.2806

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: — 1845

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs O. M. Bayne

(Address) 43 E. Heath

Filed 7/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1907

I HEREBY CERTIFY, That I attended deceased from July 14th 1907 to July 17th 1907 that I last saw h[illegible] alive on July 17th 1907, and that death occurred, on the date stated above, at 1250 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 36 hours

Contributory (Primary.) Stomach Ulcer (DURATION) [illegible] DAYS

(Signed) O. J. O'Donnell M.D.

Address 1340 S Charles

Date July 17th 1907

Place of Burial Loudon Park Cem.

Date July 20 th 1907

Undertaker Daniel and W. S. Flynn

Address 42 East West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary G. Schmidt

{ Residence, if in Baltimore, Give Street and Number. } 1802 Hanover St.

Duration of Residence in Baltimore. 65 years C. 2807

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Jan 15 1837

AGE 70 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Reid

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Laura Stein

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. G. Schmidt

(Address) 1802 Hanover

Filed 7/19/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 17 1907

that I last saw her alive on July 17 1907,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary.) Diabetes Indigestion

(DURATION) DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date July 18 1907

Place of Burial Baltimore Cem

Date July 20. 1907.

Undertaker Davies and McGlynn

Address 42 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1439 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter F. Roney

{ *Residence, if in Baltimore, Give Street and Number.* }

Duration of Residence in Baltimore. lifetime

C. 2808

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 31 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widower
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Patrick Roney
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary C. Adler
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L. Priscella

(Address) 1439 E. Monument St

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

Rockhold

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from (about) Dec 1 1906 to July 18 1907

that I last saw h[im] alive on July 18 1907,

and that death occurred, on the date stated above, at 8:34 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hodgkins Disease

6 mos (abt) (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) David Gault M.D.

Address 712 Park Ave

Date July 20 1907

Place of Burial Cathedral Cemetery

Date July 20 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 2809

City of Baltimore, (No. 854, Columbia ave St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E Kirby

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 10 (Day) 1836 (Year)

AGE: 71 years, — months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Balto. md.

FULL NAME OF FATHER: Char. Mc Coy

BIRTHPLACE OF FATHER (State or country): Balto. md.

MAIDEN NAME OF MOTHER: Helen Johnson

BIRTHPLACE OF MOTHER (State or country): Anna Arundle Co md.

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Kirby

(Address) 854 Columbia ave

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to July 18 1907 that I last saw her alive on July 10 1907, and that death occurred, on the date stated above, at 6.20 P.M. The CAUSE OF DEATH was as follows:

Senility

Several months (DURATION) DAYS

Contributory Fatty degeneration of the heart & anasarca (DURATION) 90 DAYS

(Signed) Lee R Graham M. D.

July 18 1907 (Address) 723 Columbia ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: July 20 1907

UNDERTAKER: Ph. J. Dill & Son ADDRESS: 746 Columbia

✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***enty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH

(Place of Death.) No. 140 Chestnut St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lodisa V. Williams

{ Residence, if in Baltimore, Give Street and Number. } 140 Chestnut St

Duration of Residence in Baltimore. life

C. 2810

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Williams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lot Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 140 Chestnut St

Filed 7/20 1907

BARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1907

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St Citizen

Date July 19 1907

Place of Burial Laurel

Date July 20th 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

enty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate n be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. Belle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)
near Gamp ave

Full Name Marie Becher

{ Residence, if in Baltimore, Give Street and Number. } Belle Ave

Duration of Residence in Baltimore. Life

C 2811

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Leo Becher

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo Becher

(Address) Belle Ave

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 18 1907 that I last saw h.. alive on July 18 1907, and that death occurred, on the date stated above, at 1.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. L. Rudisill M.D.

Address Forest Park

Date July 19 1907

Place of Burial New Cathedral

Date July 20th 1907

Undertaker Enoch Sifer

Address 1600 W North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

CERTIFICATE OF DEATH

Place of Death.) No. 100 St. Front St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Edward McCarthy

{ Residence, if in Baltimore, Give Street and Number. } 100 St. Front St

Duration of Residence in Baltimore.... Life C.2812

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ....1....

AGE: 41 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jeramier McCarthy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah McCarthy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Gatman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Fombard

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to July 1907

that I last saw h.... alive on 1907,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

....(DURATION)....DAYS

Contributory (Primary.)

....(DURATION)....DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Carolina Ave

Date July 19 1907

Place of Burial New Cathedral

Date July 20th 1907

Undertaker John J. Fields

Address 1200 W. Fombard St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2813

City of Baltimore, (No. 728 W Mulberry St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt E. Townsend

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 2 (Day) 1907 (Year)

AGE: 1 years, months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city Md

FULL NAME OF FATHER: John M. Townsend

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Elizabeth Bell

BIRTHPLACE OF MOTHER (State or country): Balto. city Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M Townsend

(Address) 728 W. Mulberry St

Filed 7/20 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 19th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18th 1907 to July 19th 1907

that I last saw h[illegible] alive on July 18th 1907,

and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 24 hours

Contributory Heat & Collapse

(DURATION) DAYS

(Signed) [illegible] M. D.

July 19th 1907 (Address) 1001 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western cem.	July 20 1907
UNDERTAKER	ADDRESS
Geo J Smith & Co	W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 2814

Registered No. B .....

City of Baltimore, (No. 2734 N. Charles St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Henry White

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May (Month) ..... (Day) 1855 (Year)

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Somerset Co Md

FULL NAME OF FATHER John Bell White

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Windsor

BIRTHPLACE OF MOTHER (State or country) dont know

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L. White

(Address) 917 Williams St

Filed 7/20 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to July 17 1907

that I last saw h~~im~~ alive on July 17 1907,

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Cause of Heart and Local Abscess caused by great exhaustion Operation July 17. 07

(DURATION) 47 DAYS

Contributory ~~Exhaustion~~ —

(DURATION) ..... DAYS

(Signed) Wm A. B. Sellman — M. D.

July 17 1907 (Address) 5 E. Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 917 William St How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL Mt Olivet Cem DATE OF BURIAL July 20 1907

UNDERTAKER Armstrong Dulany Co ADDRESS 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

ARMSTRONG DULANY CO. 715 Light Street.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2815

City of Baltimore, (No. 913, William St; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida Gatt Lawrence

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH March 11th 1907 (Month) (Day) (Year)

AGE — years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Alex. Lawrence

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Emma C. Gatt

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex. Lawrence

(Address) 913 William St

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 19th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 17th 1907 to July 19th 1907 that I last saw h[illegible] alive on July 19th 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Entero-colitis

(DURATION) 3 DAYS

Contributory Premature Birth

(DURATION) — DAYS

(Signed) Eugene Douglass M. D.

July 19th 1907 (Address) 830 W. Mount Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	July 20 1907
UNDERTAKER	ADDRESS
Armstrong Denny Co	715 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2816

City of Baltimore, (No. 533 N. Calhoun St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence M. McCauley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 1 (Day) 1874 (Year)

AGE: 33 years, 6 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: George C. Miller

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Jane Bishop

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. McCauley

(Address) 533 N. Calhoun St

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 18 1907

that I last saw her alive on July 18 1907,

and that death occurred, on the date stated above, at 11.10 P. M. The CAUSE OF DEATH was as follows:—

Acute Indigestion, Strangulated Hernia, Peritonitis

(DURATION) 2 DAYS

Contributory Heat

(DURATION) — DAYS

(Signed) Lewis M Eastman M. D.

July 19 1907 (Address) 1505 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 22 1907

UNDERTAKER: W. J. Tickner & Sons

ADDRESS: 925 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 N. Hughes St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Cole

{Residence, if in Baltimore, Give Street and Number.} 21 N. Hughes St.

Duration of Residence in Baltimore. 4-5 yrs.

C. 2817

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Fem | COLOR Col

DATE OF BIRTH 1889

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert Cole

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Martha Gabbs

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Cole

(Address) 1410 Diggs Ave

Filed 7/20 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to July 19 1907

that I last saw her alive on July 18 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Tuberculosis

(DURATION) ~~DAYS~~

Con'tributory (Primary.) about 2 mos

(DURATION) ~~DATE~~

(Signed) W. S. Smith M.D.

Address 528 Hanover St

Date July 20 1907.

Place of Burial Mt Auburn Cem

Date July 23rd 1907

Undertaker Saml L. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2409 Eager Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Clemens

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

C.2818

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Womastek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Benesi

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Womastek

(Address) 711 N Collington Ave

Filed 7/20 1907. HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 18th 1907 to July 20 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 2 DAYS

Contributory (Primary.) Puerperal Infection (Pyaemia) (DURATION) 3 DAYS

(Signed) A. G. Byrnes M.D.

Address 2704 E. Monument St.

Date 190

Place of Burial Holy Redeemer

Date July 22 1907

Undertaker Frank Grach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

Ward V

C 2819 Registered No. B C 2819

CERTIFICATE OF DEATH.

151 ✓

(Place of Death.) No. 1824 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name { Eugene W. Thomas. Jr. / Olga Thomas. } { Parents }

{ Residence, if in Baltimore, Give Street and Number. } 1824 W. Franklin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 16 1907

AGE: 3 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Eugene W Thomas Jr

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Olga Mollenhagen

BIRTHPLACE OF MOTHER (State or country): Chinese

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene W Thomas Jr

(Address) 1824 W Franklin

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 19 1907

that I last saw h sur alive on July 19 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Duration

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. Gordon M.D.

Address 1403 W Fayette St

Date Balto July 19 1907

Place of Burial Druid Ridge

Date July 20th 1907

Undertaker E M. Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2820 Registered No. B C 2820

166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jurgen Jenke

{Residence, if in Baltimore, Give Street and Number.} 415 Watagua Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 1 1896

AGE: 10 years, ... months, ... days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Jenke.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jenke

(Address) 415 Watauga St

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from A Brown 190..

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock and burns of face hands, arms body & extremities from catching hold of an Electric wire, Accident (DURATION) DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) J. D. Gibson Coroner M.D.

Address 211 N. Fremont

Date July 20 1907

Place of Burial Holy Cross Cem Co

Date July 22 1907

Undertaker E Hasle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C 2821 Registered No. B C 2821

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Bertha C. Droste

{Residence, if in Baltimore, Give Street and Number.} 1818 W. Lanvale st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: January 1 at 1871

AGE: 36 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William Henry Droste

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary C Start

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia E. Droste

(Address) 1818 W. Lanvale St.

Filed 7/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to July 1907 that I last saw her alive on July 17 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

1st Hemiplegia (Cause)

(DURATION) 3 DAYS

Contributory (Primary.) Uterine Cancer (DURATION) 14 mos. DAYS

(Signed) J. McSherry M.D.

Address 1009 Cathedral st

Date July 19. 1907

Place of Burial Mt. Olivet Cemetery

Date July 20 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. BC 2822

City of Baltimore, (No. 733 N. Central ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Stanley Bramble

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	November (Month) 2 (Day) 1906 (Year)
AGE	— years, 8 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto, Md.
FULL NAME OF FATHER	George Thomas Bramble
BIRTHPLACE OF FATHER (State or country)	Kent Co. Md.
MAIDEN NAME OF MOTHER	Sarah E. Read
BIRTHPLACE OF MOTHER (State or country)	Kent Co. Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred W. Bramble

(Address) 733 N. Central ave

Filed 7/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19, 1907 to July 19, 1907 that I last saw h[im] alive on July 19, 1907 and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 5 DAYS

Contributory Pelagra (DURATION) 2 years

(Signed) Jno. L. Fickel M. D.

July 19 1907 (Address) 1312 Ashland ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lakeside MD	July 21 1907
UNDERTAKER	ADDRESS
J. Thos. E. Hough & Co	1422 Penn ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 2823 Registered No. B C 2823

CERTIFICATE OF DEATH.

(Place of Death.) No. 418, N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J Behrens

{ Residence, if in Baltimore, Give Street and Number. } 418. N Rose St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Dec 30 1906

AGE ..... years, 6 months, 18 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Behrens

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ella McBride

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Behrens

(Address) 418-N Rose St

Died 7/20 1907

HARRY C. ANDREWS, PERETT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 18 1907 that I last saw h im alive on July 18 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 8 DAYS

Contributory (Primary) Convulsions

Laryngitis (DURATION) DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date July 18. 1907

Place of Burial St. Paul's Cem.

Date July 20th 1907

Undertaker Mudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 2824 Registered No. B [illegible] 2824

CERTIFICATE OF DEATH.

(Place of Death.) No. 1501 Webster St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Murray T Wilson

{Residence, if in Baltimore, Give Street and Number.} 1501 Webster St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 30 1907

AGE ..... years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John W Wilson

BIRTHPLACE OF FATHER (State or country) Harford County

MAIDEN NAME OF MOTHER Jennie E Baldin

BIRTHPLACE OF MOTHER (State or country) Anne Arundel ~~Arnold~~ County

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Wilson

(Address) 1501 Webster St

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 19 1907

that I last saw him alive on 7/19 1907.

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Meningitis

(DURATION) 11 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) L Burlington M.D.

Address 102 E Lexington

Date 7/19 1907

Place of Burial London Park Cemetery

Date July 21 st. 1907

Undertaker Edw. J Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2825

105 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2825

City of Baltimore, (No. 803, Bradley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Volbeer Kerr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Benj F Kerr.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Addie Brown.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Addie Kerr

(Address) 803 Bradley st

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 19th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7th 1907 to July 19th 1907 that I last saw him alive on July 18th 1907, and that death occurred, on the date stated above, at 1.00 A.M. The CAUSE OF DEATH was as follows:

Cholera Infantum (DURATION) ..... DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) Geo N Lawrence M. D.

July 19th 1907 (Address) 635 Madison St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: July 20th 1907

UNDERTAKER: Felix B Vaye.

ADDRESS: 1826 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward [illegible] C 2826 Registered No. B C 2826

CERTIFICATE OF DEATH.

(Place of Death.) No. 1845 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence V. Duval

{Residence, if in Baltimore, Give Street and Number.} 1845 W. Pratt St.

Duration of Residence in Baltimore. 15 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 3rd 1880

AGE: 27 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Compton J. Duval

(Address) 1845 W. Pratt St.

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 19th 1907

I HEREBY CERTIFY, That I attended deceased from May 23rd 1907 to July 19th 1907 that I last saw her alive on July 19th 1907, and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (DURATION) 20 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard St.

Date July 19th 1907

Place of Burial Loudon Park

Date July 22 1907

Undertaker J. B. Cook

Address 1003 Hillsdale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it Further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 02827 Registered No. B 02027

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Gardie L. Roberts

{Residence, if in Baltimore, Give Street and Number.} 127 N. Patterson Pk Ave

Duration of Residence in Baltimore. About Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 24 1877

AGE: 29 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George H. Roberts

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ellen Andrews

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Daisy Roberts

(Address) 127 Patterson Pk Ave

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to July 18 1907

that I last saw him alive on July 18 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis Duration

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Albertus Callan M.D.

Address 1828 E. Baltimore St

Date July 19 1907

Place of Burial Mt. Olivet Cem.

Date July 20 1907

Undertaker A. Allen Fuller

Address 2013 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2828 Registered No. B ..... C 2828

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nettie Cohen

{Residence, if in Baltimore, Give Street and Number.} 2205 Eutaw Ave

Duration of Residence in Baltimore. ~~Not~~ Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 1 years, 8 months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Philip Cohen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachael Goed

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachael Cohen

(Address) 2205 Eutaw Ave

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 19 1907 that I last saw h[illegible] alive on July 19 1907 and that death occurred, on the date stated above, at 7:35 P.M. CAUSE OF DEATH (Secondary or Immediate.)

(Diphtheria)

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hosp

Date 7/19 1907

Place of Burial Rosedale Cemetery

Date July 20, 1907

Undertaker Mark Levinson

Address 1620 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2829

City of Baltimore, (No. 1921, Fairmount Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Edward Wheeler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January (Month) 25th (Day) 1891 (Year)

AGE: 16 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Dorchester Co. Md

FULL NAME OF FATHER: Chas W Wheeler

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sallie Jane Travers

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas W. Wheeler

(Address) 1921 Fairmount Ave

Filed 7/20 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 5 1907 to July 18 1907

that I last saw h[illegible] alive on July 18 1907,

and that death occurred, on the date stated above, at 7 8 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) John Girdwood M. D.

July 19 1907 (Address) 1811 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cambridge Md

DATE OF BURIAL: July 20th 1907

UNDERTAKER: H. Sander's Sons

ADDRESS: 1710 Cand[illegible]

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 2830 Registered No. B C 2830

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Hackney.

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City Md.

Duration of Residence in Baltimore. none.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 14th May 1847

AGE 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William Hackney

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Amelia Baker

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Hackney

(Address) 1601 E Biddle St

Filed 7/20 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 19 1907 that I last saw h alive on July 14 1907, and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate)

Shock due to Operation

(DURATION) DAYS

Contributory (Primary.) Retroperitonitis

fistula of uterus & Cutaneous (DURATION) DAYS

(Signed) W. P. Cullen M.D.

Address St Josephs Hospital.

Date July 19 1907

Place of Burial Burleigh Howard Co Md

Date July 22nd 1907

Undertaker H W Jenkins & Sons Co

Address 411 Cor Howard & Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C 2831

62 K

CERTIFICATE OF DEATH.

(Place of Death.) No. 815 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Leffert

{Residence, if in Baltimore, Give Street and Number.} 815 Madison ave

Duration of Residence in Baltimore. 59 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 29th 1833

AGE 74 years, 3 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John F. Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Schlesinger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Gus Leffert

(Address) 2151 Saratoga St

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17th 1907

I HEREBY CERTIFY, That I attended deceased from early 1900 to July 17th 1907

that I last saw her alive on July 16 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Concussion Plexiu

7 Yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Briedler M.D.

Address 1900 W. Saratoga St

Date July 19th 1907

Place of Burial Western Cemetery

Date July 20th 1907

Undertaker George Benz

Address 534 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 2 Registered No. B C 2832

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dora Gerwig

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 27. 1853

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: Jacob H. Gerwig

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Christina Gerwig

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Mollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18. 1907.

I HEREBY CERTIFY, That I attended deceased from June 1. 1904 to July 18. 1907

that I last saw h or alive on July 17. 1907,

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia

(DURATION) Seconds DAYS

Contributory (Primary.) Infarction of Lung Wall & Coronary Sclerosis (DURATION) Months DAYS

(Signed) J M Clemmitt M.D.

Address Bay View Asylum

Date July 18. 1907

Place of Burial Louden Park Cemetery

Date July 21st 1907

Undertaker Geo. P. Burke

Address 594 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C 2833 Registered No. B C 2833

CERTIFICATE OF DEATH.

(Place of Death.) No. 3640 Beach Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca M Leard

{Residence, if in Baltimore, Give Street and Number.} 3640 Beach Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 87 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Lee Liptrot

BIRTHPLACE OF FATHER (State or country) Balto Co.

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank R Leard

(Address) 3640 Beach Ave

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 4 — 1907

I HEREBY CERTIFY, That I attended deceased from June 9 1907 to July 19 1907

that I last saw her alive on July 19 1907,

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary hemorrhage due to ruptured Vessel a few minutes (DURATION) DAYS

Contributory (Primary) Chronic Nephritis & debility of age (DURATION) Several yrs DAYS

(Signed) Wm H Fred Deman M.D.

Address 609 1st Ave

Date July 19 4 1907

Place of Burial Cockeysville Md

Date July 22 1907

Undertaker A S Marshall

Address 3539 Fall Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date**

Ward 27 C 2834 Registered No. B C 2834

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Deare

{Residence, if in Baltimore, Give Street and Number.} 1006 E. Eutaw St

Duration of Residence in Baltimore. 7.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 49 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Deare

(Address) 1006 E Eutaw

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 18 1907

that I last saw h.. alive on July 18 1907 7.05 P. M. and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate.)

Miliary Tuberculosis

(DURATION) ... DAYS

Con'ributory (Primary.)

(DURATION) ... DAYS

(Signed) F. Wall Griffith, M.D.

Address Johns Hopkins Hospital

Date July 19 1907

Place of Burial Mt. Auburn

Date July 20 1907

Undertaker Jno V. Trader

Address 142 West Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 2835

Registered No. B C 2835

CERTIFICATE OF DEATH.

(Place of Death.) No. 1129 China St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wright

{Residence, if in Baltimore, Give Street and Number.} 1129 China St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 1 1901

AGE: ..... years, 1 months, 18 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Wright

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Frances Wallace

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wright

(Address) 1129 China Street.

Filed 7/20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 19 1907

that I last saw h. alive on July 18 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Intestinal Contritis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Ball Rogers M.D.

Address 623 Park Ave

Date July 20 1907

PHYSICIAN IN CHARGE.

Place of Burial Mt. Auburn Cem

Date July 21 1907.

Undertaker John H. Toadvine

Address 142 W. Hill Street.

HARRY C. ANDREWS.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2836

City of Baltimore, (No. 1376 N. Calhoun St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James F. Emory

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March (Month) 15 (Day) 1907 (Year)

AGE: ..... years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard R. Emory

BIRTHPLACE OF FATHER (State or country): 1140 Kirk St

MAIDEN NAME OF MOTHER: Fannie Carroll

BIRTHPLACE OF MOTHER (State or country): Baltimore.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fannie Carroll

(Address) 1376 N. Calhoun St.

Filed 7/20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 10 o'clock July 19 1907 to 10 o'clock July 19 1907

that I last saw him alive on July 19 1907,

and that death occurred, on the date stated above, at 7 1 P. M. The CAUSE OF DEATH was as follows:

Summer Complaint

(DURATION) 6 DAYS

Contributory .....

(DURATION) 4 DAYS

(Signed) E. McCandlish M. D.

July 19 1907 (Address) 369 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Pauls Cemetery	July 20 1907
UNDERTAKER	ADDRESS
J. C. Bishop	1107 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 2837

C 2837

CERTIFICATE OF DEATH.

(Place of Death.) No. 1042 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Shipley

{ Residence, if in Baltimore, Give Street and Number. } 1042 W. Lexington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1904

AGE 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Shipley

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Ida Johnson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Mover

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Shipley

(Address) 1042 W. Lexington St

Filed 7/20 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 19 1907

that I last saw him alive on July 18 1907

and that death occurred, on the date stated above, at 10.45 PM

CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 6 DAYS

Contributory (Primary) Convulsions

(DURATION) 6 DAYS

(Signed) C. H. Turner M.D.

Address 114 S. Stricker St

Date July 19th 1907

Place of Burial Western Star Cemetery

Date July 21 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St

HARRY C. INGLES. PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 2838 Registered No. B C 2838

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 Fort Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Gadski

{Residence, if in Baltimore, Give Street and Number.} 1013 Fort Av

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 15 1907

AGE ..... years, 2 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ -

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Gustav Gadski

BIRTHPLACE OF FATHER (State or country) Russia - Poland

MAIDEN NAME OF MOTHER Emilie Retz

BIRTHPLACE OF MOTHER (State or country) Russia - Poland

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Gadski

(Address) 1013 Fort Av

Filed 7/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 20 1907

that I last saw him alive on July 19 1907

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition (DURATION) - DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Skaltz M.D.

Address 1510 E. Fort Av

Date July 20 1907

Place of Burial Cedar Hill

Date July 21 1907

Undertaker J. D. Huntsleigh

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2839

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2839

City of Baltimore, (No. 1627 N Monroe St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Christian Swindell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 19th (Day) 1906 (Year)

AGE: ..... years, 9 months, 23 days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Howard C. Swindell

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ellenora Allers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard C. Swindell

(Address) 1627 N. Monroe St

Filed July 20 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 19th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13th 1907 to July 19th 1907 that I last saw him alive on July 19th 1907, and that death occurred, on the date stated above, at 9.30 a. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H. F. Hill M. D.

July 19th 1907 (Address) 1001 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: July 21 1907

UNDERTAKER: Jos. Humbird | ADDRESS: 1518 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 2840 Registered No. B 15V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Lee

{ Residence, if in Baltimore, Give Street and Number. } St Vincent Inf. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 3 1907

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 18 1907

that I last saw him alive on July 17 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline

Date 7—18—1907

Place of Burial New Cathedral

Date July 20th 1907

Undertaker D. M. Carty Fahey & Sons

Address 616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 2841 Registered No. B C 2841

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas Henry May

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: June 24th 1907

AGE: ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/20 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16, 1907

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 18 1907 that I last saw h.. alive on July 17 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E K Hayward M.D.

Address 1230 N Caroline

Date 7-19 1907

Place of Burial New Cathedral

Date July 20th 1907

Undertaker D Martin Oakey & Son

Address 1116 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2842 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infl. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carroll Chenowith

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infl. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Oct. 15th 1906

AGE: ..... years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: ~~Same~~

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/20 1907 MARK O'T ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 18 1907 that I last saw him alive on July 17 1907, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro-Enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. K. Kaynor M.D.

Address 1230 N Caroline

Date 7/19 1907

Place of Burial New Cathedral

Date July 20th 1907

Undertaker Martin Dabney & Sons

Address 416 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2843 Registered No. B C 2843

CERTIFICATE OF DEATH.

1794 V

(Place of Death.) No. St. Vincents Infl. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alan Gelinder Gorrn

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH April 19 1907

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/20 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to July 18 1907

that I last saw h.r alive on July 18 1907,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Kiernan M.D.

Address 1238 N Carrollton

Date 7/19 1907

Place of Burial New Cathedral

Date July 20th 1907

Undertaker Martin Gahagan Son

Address 611 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2844 Registered No. B C 2844

CERTIFICATE OF DEATH.

179 V

(Place of Death.) No. St. Vincents Infnt. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Crova

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infnt. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH April 17 1907

AGE ..... years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 19 1907

that I last saw h... alive on July 19 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1238 N Caroline

Date 7-19 1907

Place of Burial Mount Cathedral

Date July 20 1907

Undertaker Martin Gorsuch Bro

Address 1116 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C 2845

Registered No. B C 2845

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1807 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Antonie

{ Residence, if in Baltimore, Give Street and Number. } 1807 Eastern Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 19 1907

AGE: ..... years, ... months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John G. Antonie

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maggie Will

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Antonie

(Address) 1807 Eastern Ave

Filed 7/20" 1907

HARRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19, 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 19 1907

that I last saw h alive on July 19 1907,

and that death occurred, on the date stated above, at .....

m. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) 1st hour DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) W. E. Ashby M.D.

Address 1 E. Pratt

Date Balto. July 20 1907

Place of Burial I.O. German Cem

Date July 20th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 2846 Registered No. B C 2846

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 500 E. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence E Ekes

{ Residence, if in Baltimore, Give Street and Number. } 500 E. Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1901

AGE: ____ years, 6 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo Ekes

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo Ekes

(Address) 500 E Ann

Filed 7/20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 26 1907 that I last saw her alive on July 19 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date July 20 1907

Place of Burial Trinity Cem

Date July 21 1907

Undertaker H Nicolaus & Son

Address 1826 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2847 Registered No. B C 2847

CERTIFICATE OF DEATH.

167

(Place of Death.) No. St Agnes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte Reilly

{ Residence, if in Baltimore, Give Street and Number. } 2024 St Paul St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	April 11, 1893
AGE	14 years, 3 months, 8 days
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Bernard Reilly
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary J. Barton
BIRTHPLACE OF MOTHER (State or country)	Balto, md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Reilly

(Address) 2029 St. Paul St.

Filed 7/20" 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 to ~~.....~~ 190

that I last saw h ~~.....~~ alive on ~~.....~~ 190,

and that death occurred, on the date stated above, at 5 ~~.....~~ M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno J St Cannon M.D.

Address Corner Dukes

Date July 19—07. 190

Place of Burial Cathedral Cemetery

Date July 21, 1907

Undertaker Henry W. Means & Son

Address 805 N. Calvert St. ~~805 N. Calvert St.~~

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2848 Registered No. B C 2848

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 207 S. Exeter St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anna L. Kriss.

{Residence, if in Baltimore, Give Street and Number.} 207 S. Exeter

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jos. Kriss

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Bunco

(Address) 508 S. Central Ave

Filed 7/20 1907 HENRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 14 1905 to July 19 1907

that I last saw her alive on July 19 1907

and that death occurred, on the date stated above, at 5 P M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) I. J. Valentine M.D.

Address 16 S Broadway

Date July 20 1907

Place of Burial St. Vincent

Date July 20 1907

Undertaker Krudell Lippeli & Co

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 2849

105 K

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 Lft. Fulton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Bortes

{Residence, if in Baltimore, Give Street and Number.} 622 Lft. Fulton St. C 2849

Duration of Residence in Baltimore. 80 days

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July 19th 1907

AGE — years, 0 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) New York Wasser Germany

FULL NAME OF FATHER Paul Bortes

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Kneth

BIRTHPLACE OF MOTHER (State or country) New York Wasser Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Marie Bortes

(Address) 622 L. Fulton Av

Filed July 21st 1907 HARRY C. ANDREWS, CHIEF CLERK. Registrar

C.H.C.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to July 19th 1907

that I last saw her alive on July 19th 1907, 7.30 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate) while crossing the ocean suffered with bowel trouble, which developed in Enteritis lasting about (DURATION) 14 DAYS

Contributory (Primary.) which ended in with Convulsions (DURATION) DAYS

(Signed) H. Neidorff M.D.

Address 2151 Williams Av

Date July, 20th 1907

Place of Burial Western Cemetery

Date July 21st 1907

Undertaker F. B. Wiseman

Address Frederick Av Ejfld

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B C. 2850 1640

CERTIFICATE OF DEATH.

(Place of Death.) No. Mda Emma Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alex Untersteen

{ Residence, if in Baltimore, Give Street and Number. } 908 Druid Hill Ave

Duration of Residence in Baltimore. Six mos

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH ..... 1 .....

AGE ..... 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Harry Untersteen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Virglan

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Silverman

(Address) 908 Druid Hill Ave.

Filed July 21st 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

C.E.C.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1907

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at .....M., CAUSE OF DEATH (Secondary or Immediate.)

Shock, and fracture of skull

.....(DURATION) 1 DAYS

Con'ributory (Primary.) accidental fall from window (DURATION) 1 DAYS

(Signed) Wm Abramson M.D.

Address 702, Lay ave. (Canton)

Date July 20th 1907

Place of Burial Rows Dale Cemetery

Date July 21, 1907

Undertaker Max Levinson

Address 1620 nc Eldersport

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 2851 Registered No. B C 2851

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Rennert Wilson Sanitarium St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ida Braunstein

{Residence, if in Baltimore, Give Street and Number.} 20 Market Place.

Duration of Residence in Baltimore. 2 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Braunstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Beckie Siegle

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Braunstein

(Address) 20 Market Place

Filed 7/21 1907 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 20 1907 that I last saw h[er] alive on July 14 1907 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis -

Dyspepsia Duration

(DURATION) 30 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 804 Cathedral St.

Date July 20 1907

Place of Burial Washington Rd Cemetery

Date July 21, 1907

Undertaker Mary Lerimore

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 2852 Registered No. B C 2852

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 W Mrs Wilen Stonetown St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Caplan

{Residence, if in Baltimore, Give Street and Number.} 142 N. Front st.

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH 1

AGE ..... years, 1 3/4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Benjaymen Caplan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Martie Brehm

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Caplan

(Address) 142 N Front st

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 20 1907 that I last saw h.. alive on July 20 1907 and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (3 lbs)

(DURATION) 1 3/4 mo. DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J Wrightson Jr M.D.

Address 504 Cathedral st.

Date July 20 1907

Place of Burial Woodlawn Cemetery

Date July 21, 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2853 Registered No. B C 2853

CERTIFICATE OF DEATH.

(Place of Death.) No. Body found at Boog's Shipyard 3.R.S. of north Gomery St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nathan Behr.

{ Residence, if in Baltimore, Give Street and Number. } 16 Harrison St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Wolff Behr

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Anna Bottock

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Behr (sister)

(Address) 16 Harrison St

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907.

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h.... alive on ..... 190....,

and that death occurred, on the date stated above, at —

—M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Drowning.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Chas. McReinhardt M.D.

Address Coroner

Date July 20. 1907

Place of Burial Rose Dale Cemetary

Date July 21, 1907

Undertaker Max Levinson

Address 620 mc E Lorny st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 2854

Registered No. B C 2854

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Penitentiary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos Boyer.

{ Residence, if in Baltimore, Give Street and Number. } 1 Dug Upstairs

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black.

DATE OF BIRTH 1

AGE 22 years, ... months, ... days

~~SINGLE, MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) West River Md.

FULL NAME OF FATHER Jos Boyer.

BIRTHPLACE OF FATHER (State or country) West River Md

MAIDEN NAME OF MOTHER Louisa Hawkins

BIRTHPLACE OF MOTHER (State or country) West River Md.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Bryles

(Address) Md Penitentiary

Filed 7/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 16 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to July 16 1907

that I last saw h A alive on July 16 1907

and that death occurred, on the date stated above, at 10:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

22

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J Thurdon Bond M.D.

Address 18-8 W. Chase St

Date July 21 1907

Place of Burial Mt Auburn

Date July 21 1907

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1/5

Ward 17 C 2855 Registered No. B C 2855

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1705 Etting St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Holmes

{Residence, if in Baltimore, Give Street and Number.} 1705 Etting St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John F Holmes

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizth Johnes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizbth Holmes

(Address) 1705 Etting St

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 20 1907 that I last saw h alive on July 19 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 7 DAYS

(Signed) Jno Kaelin M.D.

Address 852 W. Fayette

Date July 20 1907

Place of Burial Cut Anburn

Date July 21 1907

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

Registered No. B C 2856

C 2856

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1351 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Mary Steward

{Residence, if in Baltimore, Give Street and Number.} 1351 N. Carey st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colrd

DATE OF BIRTH: July 11th 1907

AGE: — years, — months, Seven days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Cont —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Staral

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Carter

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Staral

(Address) 1351 N Carey

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) 7 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Lucas Baccaus M.D.

Address 700 Log. ave. Elmira

Date July 19th 1907

Place of Burial Mt Auburn

Date July 21 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2857 Registered No. B C 2857

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 2338 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James R Purvey

{ Residence, if in Baltimore, Give Street and Number. } 2338 Stockton St.

Duration of Residence in Baltimore. 21 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col
DATE OF BIRTH	April 16 1885
AGE	21 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Butte
FULL NAME OF FATHER	Chas. R. Purvey
BIRTHPLACE OF FATHER (State or country)	Calvert Co, Md.
MAIDEN NAME OF MOTHER	Sarah Freeman
BIRTHPLACE OF MOTHER (State or country)	Calvert Co Md
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L E Beach

(Address) 837 N Fayette

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to July 18 1907 that I last saw him alive on July 17 1907, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L E Beach M.D.

Address 837 N Fayette St

Date July 18 1907

Place of Burial Mt Moriah

Date July 21 1907

Undertaker W. J. Johnson

Address 611 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 2858

164 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Walter.

{Residence, if in Baltimore, Give Street and Number.} 930 Fell St, Baltimore, Md.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Can't Know

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Novak

(Address) 936 Fells St

Filed 7/21 1907

EMMA C. ANDERSON Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 19 1907 that I last saw him alive on July 19 1907, and that death occurred, on the date stated above, at 10:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Pneumonia Acute Apnea

(DURATION) 3 DAYS

Contributory (Primary.) Compound Fracture of the tibia (Accidental Fall) (DURATION) 3 DAYS

(Signed) Victor Bullen M.D.

Address St Josephs Hospital

Date July 23 1907

Place of Burial 1st German Cem

Date July 21st 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 2859 Registered No. B C 2859

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 S. Rose St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard E. Porcella

{Residence, if in Baltimore, Give Street and Number.} 617 S. Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1907

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Anthony Porcella

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Elizabeth Pike

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr A. Porcella

(Address) 617 S. Rose St

Filed 7/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 15, 1907 to July 20 1907 that I last saw h~~im~~ alive on July 20 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis

(DURATION) 5 DAYS

Contributory (Primary)

Exhaustion (DURATION) 3 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Bouyer Pl

Date July 20 1907

Place of Burial St. Vincent Cem

Date July 22nd 1907

Undertaker W. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2860 Registered No. B C 2860

CERTIFICATE OF DEATH.

(Place of Death.) No. 1306 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Simpson

{Residence, if in Baltimore, Give Street and Number.} 1306 N Carey St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1841

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): W Gashingtonland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 7/21 190 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907.

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 20 1907.

that I last saw her alive on July 19 1907,

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Chronic Parenchymatous Nephritis (DURATION) unknown DAYS

(Signed) Edw. J. Fitzgerald M.D.

Address 1118 Druid Hill Ave.

Date July 20 1907.

Place of Burial Washington Cemetery

Date July 22 1907

Undertaker James H. Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2861 Registered No. B 414

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 241 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Mecklin Krauss

{Residence, if in Baltimore, Give Street and Number.} 241 S. Calhoun

Duration of Residence in Baltimore. 6 Months - (Life)

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR white
DATE OF BIRTH	Jan. 30th 1907
AGE	— years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Saml. F. Krauss
BIRTHPLACE OF FATHER (State or country)	Washn. D.C.
MAIDEN NAME OF MOTHER	Elizabeth M Benddewell
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml F. Krauss

(Address) 241 S. Calhoun

Filed 1/21 1907

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to July 20 1907 that I last saw h— alive on July 19 1907, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

asthma

(DURATION) 10 DAYS

Contributory (Primary.) Chronic Enteritis

(DURATION) 10 DAYS

(Signed) John D Kuhn M.D.

Address 428 Gorsuch Ave.

Date July 20 1907

Place of Burial Woodlawn Cem'y

Date July 21st 1907

Undertaker John J Feild

Address 1200 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B C 2862

C 2862

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 418 S Stricker St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Louis Mentzer

{Residence, if in Baltimore, Give Street and Number.} 418 S Stricker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 21st 1907

AGE: ..... years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 418 S Stricker Balto Md

FULL NAME OF FATHER: Wm Mentzer

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Elizabeth Clark

BIRTHPLACE OF MOTHER (State or country): Va "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Mentzer

(Address) 418 S Stricker St

Filed 7/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21st 1907

I HEREBY CERTIFY, That I attended deceased from July 20th 1907 to July 21st 1907 that I last saw h[illegible] alive on July 21st 1907, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas A. Mortimer M.D.

Address 125 N Fulton Ave

Date July 21st 1907

Place of Burial Cathedral Cem

Date July 22nd 1907

Undertaker Wm B Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 2863 Registered No. B C 2863

CERTIFICATE OF DEATH.

172 V

(Place of Death.) No. Virginia Fallsview Edmondson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Towson

{Residence, if in Baltimore, Give Street and Number.} 681. Vine

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH July 19 1896

AGE 11 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER John Towson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Kent County

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Brooks

(Address) 750 Vine St

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

accidentally

Drowned in Virginia

Falls View Edmondson

Contributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) Louis C. Jones M.D.

Address Coroner's

Date July 20th 1907

Place of Burial Mt Auburn Cem

Date July 21st 1907

Undertaker Robert L. Barham and Co

Address 1213 Parrish St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause, and date of death.**

Ward V C 2864 Registered No. B C 2864

41 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Braun

{ Residence, if in Baltimore, Give Street and Number. } 712 S. Bethel St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 1840

AGE: 66 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Andrew Smith

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House-keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Brown (Son)

(Address) 316 S. Duncan St.

Filed 7/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 18 1907 that I last saw h-- alive on July 17 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (Chronic)

(DURATION) — DAYS

Contributory (Primary.) Intestinal Carcinoma (DURATION) — DAYS

(Signed) Geo. H. Pflueger M.D.

Address St Joseph's Hospital

Date July 18 1907

Place of Burial Holy Redeemer

Date July 22nd 1907

Undertaker John A. Duncan

Address Bank St Canton

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

C 2865 Registered No. B C 2865

CERTIFICATE OF DEATH.

(Place of Death.) No. 926 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard L. Bower.

{Residence, if in Baltimore, Give Street and Number.} 926 S Charles St.

Duration of Residence in Baltimore. Life Time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: July 27 1857

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Not Known.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Paper Hanger.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Charles Bower (Brother)

(Address) 926 S Charles St

Filed 7/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18th. 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to July 18 1907

that I last saw h 1 alive on July 18 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 180 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J L Chambers M.D.

Address 1303 Light St

Date July 19 1907

Place of Burial London Park

Date July 21st. 1907

Undertaker E Hasle.

Address 15 E Ward St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 V C 2866 Registered No. B

104 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Zalewski

{ Residence, if in Baltimore, Give Street and Number. } Balto

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: October 25 1906

AGE: ..... years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Adam Zalewski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Maria Borczak

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Zalewski

(Address) 227 S. Ann St

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 17 1907

that I last saw him alive on July 17 1907,

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 18 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 5 DAYS

(Signed) S. J. Szmalski M.D.

Address 722 S. Ann

Date July 21 1907

Place of Burial Holy Rosary

Date July 23 1907

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2867 Registered No. B C 2867

CERTIFICATE OF DEATH. C-2867

(Place of Death.) No. 940 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eugene G abicht-

{Residence, if in Baltimore, Give Street and Number.} 940 W Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: January 4 1907

AGE: ....years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Albert A.Abicht,

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Maggie E.Awalt

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert A.Abicht

(Address) 940 W.Mulberry St.

Filed 7/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 20 1907

that I last saw h~~im~~ alive on July 20 1907

and that death occurred, on the date stated above, at 1.24 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea & Enteritis

(DURATION) 2 DAYS

Con'tributory (Primary.) Teething & Food

(DURATION) ..... DAYS

(Signed) Clifford Dunn M.D.

Address 301 N Fremont Ave

Date July 20 1907

Place of Burial Loudon Park

Date July 22 1907 190....

Undertaker Geo W.Little,

Address 561 N-Fremont ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2868

City of Baltimore, (No. 1844 Wiehelm St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. A. Cromwell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 2 (Day) 1877 (Year)

AGE: 30 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jno. Oliver Cromwell

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Smith

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Cromwell

(Address) 1844 Wiehelm St

Filed 7/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 7 - 1907 to July 19 1907 that I last saw him alive on July 19 1907, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Concussion of Brain resulting from Jumping out of 2nd story window

(DURATION) 13 DAYS

Contributory (Suicide)

(DURATION) DAYS

(Signed) J. McCormick M.D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western cemetery

DATE OF BURIAL: July 21st 1907.

UNDERTAKER: Wm Cook

ADDRESS: 622 E North ave

Oct 29 1907 Deputy Coroner Jones

1614

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 2869 Registered No. B C 2869

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1304 Wilmer aly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. T. Brown

{Residence, if in Baltimore, Give Street and Number.} 1304 Wilmer aly

Duration of Residence in Baltimore. 57

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: August 28 1906

AGE: 11 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas T Brown

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Mason

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas T Brown

(Address) 1304 Wilmer alley

Filed 7/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 20 1907 that I last saw him alive on July 20 1907, and that death occurred, on the date stated above, at 8 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 4 DAYS

(Signed) John E Finch M.D.

Address 647 W Lombard ave

Date July 20 1907

Place of Burial Laurel Cemetery

Date July 22 1907

Undertaker Isaac Brown

Address 565 N. Dolphin st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 2870 Registered No. B [illegible] 9 2 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 Welcome Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie M. Washington C.

{Residence, if in Baltimore, Give Street and Number.} 211 Welcome Al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH January 20 1907

AGE [blank] years, 6 months, [blank] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frank Deen 6

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Maggie Washington C.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Washington Mother

(Address) 211 Welcome Av

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from [blank] 190 to [blank] 190

that I last saw h [blank] alive on [blank] 190

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia

(DURATION) [blank] DAYS

Con'ributory (Primary.)

(DURATION) [blank] DAYS

(Signed) [illegible] M.D.

Address Coroner

Date July 21 1907

Place of Burial Mt. Auburn Cem.

Date July 21 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2871 Registered No. B C 2871

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa L. Griffin

{Residence, if in Baltimore, Give Street and Number.} 829 Boyd Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 6 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Louis Griffin

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Jennie Dorsey

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Griffin

(Address) 829 Boyd St.

Filed 7/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 19 1907 that I last saw h alive on July 19 1907 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery

(DURATION) 5 DAYS

Con'tributory (Primary.) Enteritis

(DURATION) 5 DAYS

(Signed) C. A. Spence M.D.

Address 712 S. Stricker St.

Date July 19 1907

Place of Burial Mt. Auburn Cem.

Date July 21 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1051

CERTIFICATE OF DEATH.

Registered No. B C 2872

City of Baltimore, (No. 601 N Caroy St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes Mazeko

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	June 16 1907 (Month) (Day) (Year)
AGE	..... years, 6 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Alexander Mazeko
BIRTHPLACE OF FATHER (State or country)	Lithuania
MAIDEN NAME OF MOTHER	Agnes Dragore.
BIRTHPLACE OF MOTHER (State or country)	Lithuania
OCCUPATION OF DECEASED	Nil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Mazeko

(Address) 601 N. Caroy

Filed July 22 1907 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 21 1907 that I last saw h alive on July 21 1907, and that death occurred, on the date stated above, at 2 30 P. M. The CAUSE OF DEATH was as follows:

Improper Food

Diarrhea (DURATION) 7 DAYS

Contributory Hot weather (DURATION) 7 DAYS

(Signed) Alfred Hitchens M. D.

July 24 1907 (Address) 1135 E. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Stanislaus	July 22 1907
UNDERTAKER	ADDRESS
Jacob Piatkowski	428 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 Registered No. B C 2873

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 2416 E Lafayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Kinnamon

{Residence, if in Baltimore, Give Street and Number.} 2416 E Lafayette

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 23" 1907

AGE 67 years 2 months 27 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert H. Gannon

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Benning

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Dewlin

(Address) 2416 E. Lafayette Ave

Filed July 22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.05 a.m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull (Accd)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Carter M.D.

Address Coroner's Office

Date July 20 1907

Place of Burial Easton, Talbot Co. Md.

Date July 22" 190 7

Undertaker Henry W. Mears Jr.

Address 1 West North Avenue

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B C 2874

CERTIFICATE OF DEATH.

714

(Place of Death.) No. St. Vincents - Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie M Hatfield

{Residence, if in Baltimore, Give Street and Number.} 1726 2 Durham

Duration of Residence in Baltimore. Life

C. 2874

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH July 31 1906

AGE ..... years, 11 months, 20 days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles Hatfield

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Hebding

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hatfield

(Address) 1726 2 Durham

Filed July 22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions -

(DURATION) 12 hrs. DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lafayette Ave

Date July 21 1907

Place of Burial St. Patricks

Date July 22 1907

Undertaker Robt J Turner

Address 1442 2 Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

1207

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Williams

{Residence, if in Baltimore, Give Street and Number.} 117 W. Hill Street.

Duration of Residence in Baltimore. 35 years. C.2975

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Louisa Co. Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/22/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 19 1907 that I last saw h— alive on July 19 1907 and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate) Oedema of Lungs Cardiac Hypertrophy and Arteriosclerosis

(DURATION) ..... DAYS

Contributory (Primary) Chronic diffuse nephritis (DURATION) ..... DAYS

(Signed) R. Norris M.D.

Address Bay View Asylum.

Date July 19 1907

Place of Burial Mt. Auburn Cem

Date July 22 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person s- he duty of the Physician who attended during his or her last sickness, or the Coro notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (wh deceased, and the **cause and date of death.**

Ward 7 C 2876 Registered No. B [illegible]

17 6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ. of Maryland Hosp St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm Coates

{Residence, if in Baltimore, Give Street and Number.} 910 Brattle

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Cal. Co. Md.

FULL NAME OF FATHER: Jas. Coates

BIRTHPLACE OF FATHER (State or country): Cal. Co. Md

MAIDEN NAME OF MOTHER: Hannah Johnson

BIRTHPLACE OF MOTHER (State or country): Cal. Co. Md

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Coates

(Address) 1118 Russell St.

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1907

I HEREBY CERTIFY, That I attended deceased from As before 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

caused by a knife wound

in Rt Heart on Jun 29.

(DURATION) DAYS

Contributory (Primary.) (Homicide) aps

(DURATION) DAYS

(Signed) J. S. Ightaw M.D.

Address 211 W. Lanvale

Date July 20th 1907

Place of Burial Mt. Auburn Cem.

Date July 22 1907

Undertaker John H. Toadvine

Address 42 W. Hill St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2877 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Freeman

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Unknown 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single —

BIRTHPLACE (State or country): Md —

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Sailor —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 17 1907

that I last saw him alive on July 17 1907

and that death occurred, on the date stated above, at 9.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Endocarditis

(DURATION) 24 DAYS

Contributory (Primary.) Syphilis

(DURATION) — DAYS

(Signed) W. H. Welch M.D.

Address City Hospital

Date July 18 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date July 18 1907

Undertaker Commissioner Health

Address Health Dept

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

Ward Not 6. C. 2878 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Baer City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas N Rees.

{Residence, if in Baltimore, Give Street and Number.} Glen Burnie Md.

Duration of Residence in Baltimore. 7 days.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: July 12 1907	
AGE: — years, — months, 7 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 18 1907 that I last saw h alive on July 18 1907 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition due to premature birth.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jos F Eckel M.D.

Address Balto City Hospital

Date July 19 1907

Place of Burial COLLECTOR OF P & S

Date July 19 1907

Undertaker Commissioner Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

175

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irene Major

{ Residence, if in Baltimore, Give Street and Number. } No C. Hosp

Duration of Residence in Baltimore. Life

C. 7879

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 4th 1906

AGE 1 years, months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. R. Stone

(Address) No C. Hosp.

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 4th 1907 to July 19th 1907 that I last saw h[illegible] alive on July 17th 1907, and that death occurred, on the date stated above, at 10-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro Enteritis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) 14 DAYS

(Signed) J. Edw. Magruder M.D.

Address 922 Madison Ave

Date 190

Place of B[illegible] JOHNS HOPKINS HOSPITAL

Date JUL 20 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2880 Registered No. D .....

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Henry Barber

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Easton Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 19 1907

that I last saw h.. alive on July 19 1907

and that death occurred, on the date stated above, at 3:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Vonnie M.D.

Address Bay View Hospital

Date July 19 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 30 1907 190

Undertaker William H Woodfin

Address 1812 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

116

Registered No. 13

C 2881

CERTIFICATE OF DEATH.

C 2881

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eli Vincent.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Montreal Canada

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lenna Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 19 1907

that I last saw him alive on July 19 1907

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

Chronic Diffuse Nephritis

(DURATION) DAYS

Contributory (Primary) Chronic alcoholism

(DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date July 19 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 20 1907 190

Undertaker William H Woodin

Address 1812 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

7

Registered No. B [illegible]

CERTIFICATE OF DEATH.

1540

(Place of Death.) No. 109 Aisquith St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph Blum

{Residence, if in Baltimore, Give Street and Number.} 109 Aisquith St (Hebrew Aged Home)

Duration of Residence in Baltimore. 21 years

C.2882

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: unknown 1831

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Mathias Blum

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Anna unknown

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellis A. Blum

(Address) 856 Eutaw St.

Filed 7/22/07 HARRY C. ANDREWS, PER IT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to July 21 1907

that I last saw him alive on July 21 1907

and that death occurred, on the date stated above, at 8:23 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Senility (old age)

About a year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Morris A. Lewis M.D.

Address 1121 E. Baltimore

Date July 22, 1907

Place of Burial Hebrew Lodge Washington Road Cemetery

Date July 22, 1907

Undertaker Mary Leimer

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 2883 Registered No. B C 2883

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1011 N. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH — — 1897

AGE 10 years, — months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER George Jackson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hattie Nichols

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED ~~Housework~~ School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1011 N. Durham st.

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 19 1907 that I last saw h alive on July 19 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Generalized Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hosp

Date July 19 1907

Place of Burial Mt. Zion

Date July 22 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2884 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 946 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Thompson

{Residence, if in Baltimore, Give Street and Number.} 946 Druid Hill ave

Duration of Residence in Baltimore. 4 weeks

C 2884

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: A. L. Thompson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Hall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. L. Thompson

(Address) 946 Druid Hill Ave

Filed 7/22 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 21 1907

that I last saw her alive on July 21 1907

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

Two weeks (DURATION) DAYS

Contributory (Primary.) typhoid

four weeks (DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N. La Fayette

Date July 21 1907

Place of Burial Laurel Cemetery

Date July 22 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 2885

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1831 W. Mc. Henry St. St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Henry Lauchcart

{ Residence, if in Baltimore, Give Street and Number. } 1831 W. Mc. Henry St.

Duration of Residence in Baltimore. Life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 3rd. 1907

AGE: ..... years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Henry Lauchcart

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Eliz. Rush

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Eliz. Lauchcart

(Address) 1831 W. Mc. Henry St.

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20th 1907

I HEREBY CERTIFY, That I attended deceased from July 13th 1907 to July 20th 1907

that I last saw him alive on July 20th 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Prostration

(DURATION) 14 DAYS

Contributory (Primary.) Entero-Colitis

(DURATION) 7 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st

Date July 21st 1907

Place of Burial Loudon Park

Date July 22 1907

Undertaker Lemcke

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 2886

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 S. Green St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John F. Gardner

{Residence, if in Baltimore, Give Street and Number.} 40 S. Green St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 10.40 P.M. July 20 1907

AGE: ____ years, 5 months, 11 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Geo. F. Gardner

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Maccubbin

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Gardner

(Address) 40 S. Green St

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10.40 P.M. July 20th 1907

I HEREBY CERTIFY, That I attended deceased from 8.40 A.M. July 2[illegible] 1907 to 10.45 July 20th 1907 that I last saw h[illegible] alive on July 20th 1907, and that death occurred, on the date stated above, at 10.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Morbus

six hrs. (DURATION) DAYS

Contributory (Primary.) Bad feeding

Gastro-Intestinal Indigestion (DURATION) 9 DAYS

(Signed) R. C. Faulkner M.D.

Address Maternity Hospital

Date July 21st 1907

Place of Burial Balto Cemetery

Date July 22 1907

Undertaker Wm Cook

Address 502 E. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

C 2887 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Walton

{Residence, if in Baltimore, Give Street and Number.} 917 Forest st

Duration of Residence in Baltimore. —

C 2887

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1858

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] Holyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 7/22/07 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 20 1907

that I last saw h alive on July 20 1907

and that death occurred, on the date stated above, at 4.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

Cardiac Hypertrophy and dilatation

(DURATION) ... DAYS

Contributory (Primary) Chronic Nephritis (DURATION) ... DAYS

(Signed) R. Norris M.D.

Address Bay View Hospital

Date July 21 1907

Place of Burial Laurel

Date July 22 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

120V

(Place of Death.) No. 1307 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hezekiah Armstead

{Residence, if in Baltimore, Give Street and Number.} 1307 Argyle Ave

Duration of Residence in Baltimore. Life

C.2888

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH July 19 1864

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Joseph Armstead

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Jane Johnson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Armstead

(Address) 1307 Argyle Ave

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to July 20 1907 that I last saw him alive on July 17 1907, and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Parenchymatous Nephritis (31) DAYS (DURATION)

Contributory (Primary.) (?) (DURATION) DAYS

(Signed) H S McCard M.D.

Address 2005 Druid Hill Ave

Date July 21 1907

Place of Burial Mt Auburn Cemetery

Date July 22 1907

Undertaker Felix B. Pyer

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 2889

Registered No. B C 2889

514

CERTIFICATE OF DEATH.

(Place of Death.) No. 321 S. Fremont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Boyle

{Residence, if in Baltimore, Give Street and Number.} 321 S. Fremont ave -

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Diveney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Fahey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nannie J Hacket

(Address) 301 S Catherine St

Filed 7/22 1907

HARRY O'ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 22 1907

that I last saw her alive on July 21 1907 3.15

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis & Cardiac Dilatation

Complicating Exophthalmic Goiter

(DURATION) 7 DAYS

Contributory (Primary.) Asthenia

(DURATION) 7 DAYS

(Signed) Henry C. Ohler M.D.

Address 1203 W. Fayette St

Date July 22 1907

Place of Burial New Cathedral Cem

Date July 24 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Remove to 301 S Catherine St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2890 Registered No. B C 2890

CERTIFICATE OF DEATH.

119 W

(Place of Death.) No. 1283 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name H. Elizabeth Niebking.

{Residence, if in Baltimore, Give Street and Number.} 1283 William St.

Duration of Residence in Baltimore. Life.

C.2890

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 12th 1857

AGE: 50 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Julius Koehler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Baumgaertner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Niebking

(Address) 1283 William St.

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907.

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 22 1907

that I last saw h[illegible] alive on July 9 1907,

and that death occurred, on the date stated above, at 12 [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Wallbrunn M.D.

Address 603 S. Stricker St

Date July 22. 07 1907

Place of Burial Loudon Park

Date July 22 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2891 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 Davis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie B. Talley

{ Residence, if in Baltimore, Give Street and Number. } 205 Davis st

Duration of Residence in Baltimore. Life

C. 2891

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1887

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Alexander Scott

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Katie King

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 205 Davis st

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to July 20th 1907

that I last saw her alive on July 18th 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Tuberculosis

4 months (DURATION) ..... DAYS

(Signed) Jacob L. Wismer M.D.

Address 1735 Bank

Date July 20th 1907

Place of Burial Mt Zion

Date July 22 1907

Undertaker R A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 2892 Registered No. B

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 405 N. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W Chalmers

{Residence, if in Baltimore, Give Street and Number.} 405 N. Poppleton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht.

DATE OF BIRTH April 30 1844

AGE 63 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Ohio

FULL NAME OF FATHER Philemon S. Chalmers

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Catherine Wickham

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Chalmers

(Address) 405 N. Poppleton St

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 22 1907

that I last saw h-- alive on July 21 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.) Apnoea

(DURATION) 1 DAYS

(Signed) R L Norwood M.D.

Address 939 W Fayette St

Date July 22 1907.

Place of Burial London Park

Date July 24 1907

Undertaker Geo. H. Locke

Address 521 E Lexington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 2893 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 Hollins alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Salomey

{ Residence, if in Baltimore, Give Street and Number. } 118 Hollins alley

Duration of Residence in Baltimore, life time

C 2893

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1907

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Michael Salomey

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Isaacs

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Isaacs

(Address) 118 Hollins alley

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1907

I HEREBY CERTIFY, That I attended deceased from July 21st 1907 to July 21st 1907 that I last saw him alive on July 21st 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Grabenhorst M.D.

Address 418. S. Paca st.

Date July 21st 1907

Place of Burial St Alphonsus Cem

Date July 23rd 1907

Undertaker John J. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 2894 Registered No. B

CERTIFICATE OF DEATH.

105V

(Place of Death.) No. 1604 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Siedlak

{Residence, if in Baltimore, Give Street and Number.} 1604 Lancaster St

C 2894

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Tom - Siedlak

BIRTHPLACE OF FATHER (State or country) ~~Balto~~ Germany

MAIDEN NAME OF MOTHER Victoria Kowalska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Siedlak

(Address) 1604 Lancaster St

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 20 1907 that I last saw h in alive on July 20 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute Enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wollenweber M.D.

Address 16 E Baltimore

Date July 22nd 1907

Place of Burial Holy Rosary

Date July 22 nd 1907

Undertaker Jacob Trialkowski

Address 428 N Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1631 Shakspeare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Sulewska

{Residence, if in Baltimore, Give Street and Number.} # 1631 Shakspeare St.

Duration of Residence in Baltimore. Life-time.

C. 2895

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Sulewski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Marcijana Gardzgis

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sulewski

(Address) ~~1643~~ 1631 Shakespeare St

Filed 7/22/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 22 1907 that I last saw her alive on July 21 1907 and that death occurred, on the date stated above, at 1½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Aliceanna St.

Date July 22 1907

Place of Burial St Stanislaus.

Date Monday July 22" 1907

Undertaker W. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2896 Registered No. B 1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 2136 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kosia Studzinska

{Residence, if in Baltimore, Give Street and Number.} Balto

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	June 10 1906
AGE	1 years, 1 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Jan Studzinski
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Klara Chajnazka
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jan Studzinski

(Address) 2136 Hudson St

Filed 7/22 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 16 1907 that I last saw h[illegible] alive on July 16 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) S. J. Studzinski M.D.

Address 922 S. Ann St

Date July 21 1907

Place of Burial St Stanislaus

Date Monday July 22" 1907

Undertaker M. F. Sadowski

Address 705 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10. C 2897 Registered No. B .....

91V.

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Lanahan

{Residence, if in Baltimore, Give Street and Number.} 605 N. Carey St

Duration of Residence in Baltimore. Lifetime C.2897

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 1826

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Andrews

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Jane Hooper

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Lanahan

(Address) 605 N. Carey St.

Filed 7/22 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 19th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10th 1907 to July 19th 1907 that I last saw her alive on 19th July 1907, and that death occurred, on the date stated above, at 7 A.M. P.M. CAUSE OF DEATH (Secondary or Immediate.)

Infirmities of old age

Chronic Bronchitis

one year (DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John A. Bff M.D.

Address 701 N. Hamilton Ave.

Date July 22d 1907 190

Place of Burial Green Mount

Date July 22d, 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 2898 Registered No. B 64V

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Thomas Warfield

{Residence, if in Baltimore, Give Street and Number.} Peninsula - Fols -

Duration of Residence in Baltimore. 17 days.

C. 2898

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July - 28 - 1838

AGE 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Geo. Warfield.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Ellen Warfield.

BIRTHPLACE OF MOTHER (State or country) Md -

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Warfield Jr

(Address) 6 Ky Cathedral

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

523 N Calhoun

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 21 1907

that I last saw h im alive on July 21 1907.

and that death occurred, on the date stated above, at 10 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy —

(DURATION) 12 DAYS

Contributory (Primary.)

Exhaust (DURATION) 7 DAYS

(Signed) W H Eshen M.D.

Address City Hospital

Date July 21 1907

Place of Burial Mt Olivet

Date July 22 1907

Undertaker E. W. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B C 2899

City of Baltimore, (No. 704 - 3rd Ave (Hampden) St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna A. Kauffman

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 3 1907 (Month) (Day) (Year)
AGE	years, 3 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Chas. H. Kauffman
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Anna A. A. Bires
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Kauffman

(Address) 704 3rd Ave.

Filed 7/22 1907

HARRY O. ANDREWS,
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 20 1907

that I last saw h e alive on July 20 1907, 3.45

and that death occurred, on the date stated above, at P M. The CAUSE OF DEATH was as follows:

Acute Meningitis (DURATION) 3 DAYS

Contributory Broncho Pneumonia (DURATION) 17 DAYS

(Signed) C. Schwartz M. D.

July 20 1907 (Address) 705 3rd Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL H. Marshall

DATE OF BURIAL July 22 1907

UNDERTAKER St. Mary. Lyon

ADDRESS 353 Fells Pt

Ward 10 C 2900 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 3332 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L. Roy

{Residence, if in Baltimore, Give Street and Number.} 3332 Chestnut Ave

Duration of Residence in Baltimore. 30 years

C. 2900

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 16 1838

AGE: 69 years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Louis Bernard

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Griffith

(Address) 3332 Chestnut Ave

Filed 7/22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 20 1907 that I last saw h.. alive on July 20 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma

(DURATION) ..... DAYS

Contributory (Primary.) Diabetes Mellitus (DURATION) ..... DAYS

(Signed) W H Smith M.D.

Address 3435 Chestnut Ave

Date July 22 1907

Place of Burial St Mary's

Date July 23 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 2901 Registered No. B ..... C 2901

154 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1022 N Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Miles

{ Residence, if in Baltimore, Give Street and Number. } 1022, N, Bond St

C. 2901

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 25 1835

AGE 71 years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Abraham Miles

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Matilda Green

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Horse Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sallie Miles

(Address) 1022 N Bond St

Filed 7/22 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 6th 1907 to July 21 1907

that I last saw her alive on July 20 1907,

and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age and general debility

10 years (DURATION) — DAYS

Contributory (Primary.) General Anasarca

(DURATION) 10 DAYS

(Signed) H S Gorsuch M.D.

Address 501 E 22nd St

Date 7/21/ 1907

Place of Burial Parks Sta Md

Date July 23 1907

Undertaker W C Brooks

Address Philopolis Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2902 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 3115 Barclay 8th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Gladson

{ Residence, if in Baltimore, Give Street and Number. } 3115 Barclay

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 25 1855

AGE: 52 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas Talbott

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Emily J Hutchinson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine J Gladson

(Address) 1110 Hanford ave

Filed 7/22/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to July 20 1907

that I last saw h[illegible] alive on July 20 1907, 6.30

and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

Sudden death

(DURATION) ... DAYS

Contributory (Primary.) Myocarditis (DURATION) 30 DAYS

(Signed) A G Beck M.D.

Address 512 E Preston St

Date July 21 1907

Place of Burial Loudon Park

Date July 23 1907

Undertaker Robt J Smith

Address 1442 N. Bway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 39 Hanford ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Heil

{ Residence, if in Baltimore, Give Street and Number. } 39 Hanford ave

Duration of Residence in Baltimore. 40 yrs.

C 2903

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: June 24 1867	
AGE: 40 years, — months, — days	
~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~	
BIRTHPLACE (State or country): Balto. Md.	
FULL NAME OF FATHER: Morris Heil	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: M Smith	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Salesman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ema L Heil

(Address) 1635 E Oliver

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 20 1907 that I last saw h— alive on July 20 1907, and that death occurred, on the date stated above, at 12 M.

11. CAUSE OF DEATH (Secondary or Immediate)

Uraemia,

12 DAYS

Chronic Nephritis (DURATION)

Contributory (Primary.)

6 mos (DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E Monument

Date July 20 1907

Place of Burial Holy Cross Cem Co

Date July 23 1907

Undertaker Robt J Symington

Address 1442 N Bway

WM. J. C. DULANY CO., BALTIMORE.

V

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2904

City of Baltimore, (No. 820 Jackson Ct. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. B Reckline

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wht.

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo Reckline

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Elizabeth Flora

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Reckline Jr

(Address) 820 Jackson Ct.

Filed 7/22 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... July (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 190 7 to July 20 190 7

that I last saw him alive on July 20 190 7,

and that death occurred, on the date stated above, at .....

M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 2 DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) T Norwood M. D.

July 24 190 7 (Address) 739 or Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	7/22 1907
UNDERTAKER	ADDRESS
Jno J Schilling	204 W Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1144 V.

CERTIFICATE OF DEATH. C 2905

Registered No. B

City of Baltimore, (No. 2034, W. North ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James A. Geoghegan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 21st 1840 (Month) (Day) (Year)

AGE: 66 years, 10 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Stewart A. Geoghegan

BIRTHPLACE OF FATHER (State or country): Md -

MAIDEN NAME OF MOTHER: Susan Travers

BIRTHPLACE OF MOTHER (State or country): Md -

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jas A. Geoghegan

(Address) 2034 W. North ave.

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 8th 1907 to July 20th 1907 that I last saw him alive on July 20th 1907, and that death occurred, on the date stated above, at 4-15 P. M. The CAUSE OF DEATH was as follows:

Permanent occlusion of the common bile duct, from a cause not definately diagnosed (DURATION) 18 DAYS

Contributory Suppression of urine (DURATION) 2 DAYS

(Signed) Eugene Baughan M. D.

July 21st 1907 (Address) 820 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Wash. D. C.

DATE OF BURIAL: July 22 1907

UNDERTAKER: W. J. Tickner Sons

ADDRESS: 425 W. Saratoga

WM. J. C. DULANY CO., BALTIMORE

105 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2906

City of Baltimore, (No. 1535 Ruskin Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo E Ogle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 24 1907 (Month) (Day) (Year)

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Chas H Ogle

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Kate Shipman

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Ogle

(Address) 1535 Ruskin Ave

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 21 1907

that I last saw him alive on July 21 1907,

and that death occurred, on the date stated above, at 4.20 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) ..... DAYS

Contributory Asthenia

(DURATION) 4 DAYS

(Signed) Theo D. Humphrey M. D.

July 21 1907 (Address) 2014 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: July 23 1907

UNDERTAKER: W. J. Stockmeyer — ADDRESS: 87 Mulberry & Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 2907 Registered No. B 94 V

CERTIFICATE OF DEATH.

Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Addison

{Residence, if in Baltimore, Give Street and Number.} Ruxton Md

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH March 6 1890

AGE 17 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wm E. Addison

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sallie Postlethwaite

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Sallie Addison

(Address) Ruxton Md

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 20 1907

that I last saw him alive on July 20 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Emphysema (Pyothorax)

(DURATION) DAYS

Con'ributory (Primary.) Explantation

(DURATION) DAYS

(Signed) Walter D Stone M.D.

Address Balt City Hospital

Date July 20 1907

Place of Burial Denton Md

Date July 23 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

C 2908

CERTIFICATE OF DEATH.

(Place of Death.) No. 2631 Bernard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph M. Carey

{ Residence, if in Baltimore, Give Street and Number. } Life

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 4. 1907

AGE ..... years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ira D. Carey

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Rosa L. Gibson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ira D. Carey

(Address) 2631 Bernard

Filed 7/22 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 20 1907 that I last saw h im alive on July 20 1907, and that death occurred, on the date stated above, at 4.30 P M. CAUSE OF DEATH (Secondary or Immediate)

Enantion

Indefinite (DURATION) DAYS

Contributory (Primary.) Intestinal Indigestion (DURATION) 10 DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 20th St.

Date July 22 1907

Place of Burial Baltimore County

Date July 22 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby of Nellie Hollis

{ Residence, if in Baltimore, Give Street and Number. } 813 Vine St.

Duration of Residence in Baltimore. 4 days

C-2909

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH July 16 1907

AGE — years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Isaac Dodson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Nellie Hollis

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Hollis

(Address) 813 Vine st

Filed 7/22 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 20 1907

that I last saw h[illegible] alive on July 20 1907,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary) Inanition

(DURATION) 4 DAYS

(Signed) Arthur M. Shipley M.D.

Address Lying-in Hospital

Date July 21 1907

Place of Burial Mt Auburn

Date July 22 1907

Undertaker Robert L. Parlett & Co

Address 1213 Park St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 2910

66

Registered No. B .....

City of Baltimore, (No. N. W. Cor. 25th & York Rd. St.; ..... Ward)
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Eva Knattmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: July (Month) 16 (Day) 1907 (Year)

AGE: — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Ba Maryland

FULL NAME OF FATHER: Jos. Knattmer

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Eva Krark

BIRTHPLACE OF MOTHER (State or country): Hungaria

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Knattmer

(Address) .....

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 21 1907 that I last saw her alive on July 21 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Paralysis affecting muscles of deglutition & face.

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. H. Wilgadden M. D.

7/22/07 1907 (Address) 2631 York Rd

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: July 22 1907

UNDERTAKER: E. G. Kiedaisch Jr

ADDRESS: 2108 Guilford Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61 V

CERTIFICATE OF DEATH.

Registered No. B 2911

City of Baltimore, (No. 33, St Anns Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James M. Monahan

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Aug. 8 (Month) (Day) 1906 (Year)

AGE: ..... years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Michael Freeze

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Monaghan

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Monaghan

(Address) 33 St Anns Ave

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 20 1907 that I last saw him alive on July 20 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 8 DAYS

Contributory Duration of Heart (DURATION) 8 DAYS

(Signed) J B Saunders M. D.

July 21 1907 (Address) 219 E Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: July 24 1907

UNDERTAKER: E A Wedefeldt & Son — ADDRESS: 211 E Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 2912 Registered No. B C 2912

CERTIFICATE OF DEATH.

179 V

(Place of Death.) No. 1713 Ewing Court- St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Bader (EVERINS)

{ Residence, if in Baltimore, Give Street and Number. } 1713 Ewing Court-

Duration of Residence in Baltimore. 6 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 10th 1821

AGE 85 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel D. Bader.

(Address) Balto Co,

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at —M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coro M.D.

Address 3202 Greene St-

Date 190

Place of Burial St. Matthews Cemetery

Date July 22d 190 7

Undertaker H. Lander Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1791

(Place of Death.) No. 412 N. Greene street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Giuseppe Liberto

{ Residence, if in Baltimore, Give Street and Number. } Baltimore City

Duration of Residence in Baltimore. Lifetime

C 2913

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jany 21st 1906

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Pietro Liberto

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Brocato

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Liberto

(Address) 412 N. Green St.

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 21 July 1907

I HEREBY CERTIFY, That I attended deceased from 19 June 1907 to 21 July 1907 that I last saw h in alive on 21 July 1907 and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 32 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Joseph D Damore M.D.

Address 204 N. Green st

Date 22 July 1907

Place of Burial St. Vincents. Cem

Date July 22 1907

Undertaker M. Doyle & Son.

Address 17 E. Lee st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person sed, and the ***cause and date of death.***

C 2914

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 138 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grant Banks

{ Residence, if in Baltimore, Give Street and Number. } 138 W. Hamburg St

Duration of Residence in Baltimore. 15 years

C 2914

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): West Moreland Co Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Martha Banks

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elnora Banks

(Address) 138 W Hamburg st

Filed 7/22 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 21 1907 that I last saw h in alive on July 20 1907, and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 21 DAYS

Contributory (Primary.) Phthisis Pul. (DURATION) 21 DAYS

(Signed) H. S. McCard M.D.

Address 2005 Druid Hill Ave

Date July 22 1907

Place of Burial Leedstown Wharf West Moreland Co Virginia

Date July 24th 1907

Undertaker G. L. Brown and Son

Address 108 W Montgomery st

Landing Leeds Town Wharf Virginia

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1084

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Etzel

{Residence, if in Baltimore, Give Street and Number.} 2001 E. Fayette

Duration of Residence in Baltimore. Life

C.2915

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 28 1861

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Baltimore City Md.

FULL NAME OF FATHER: John Etzel

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Christina Engel

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Brass Founder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lawr Wollyday.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20. 1907

I HEREBY CERTIFY, That I attended deceased from June 1. 1907 to July 20. 1907 that I last saw him alive on July 20. 1907, and that death occurred, on the date stated above, at 7.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Intestinal Obstruction + Tympanites (DURATION) 3 DAYS

(Signed) D M Owings M.D.

Address Bay View Asylum

Date July 20 1907

Place of Burial Holy Redeemer

Date July 22 1907

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. D .....

CERTIFICATE OF DEATH.

1052

(Place of Death.) No. 561 Prestman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Levi Sewell Jr.

{ Residence, if in Baltimore, Give Street and Number. } 561 Prestman St.

Duration of Residence in Baltimore. 1yr 8 days.

C 2916

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Levi Sewell

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Ollie R. Gaines

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ollie R. Sewell

(Address) 561 Prestman St.

Filed 7/22 190 7

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 21 1907; that I last saw h im alive on July 21 1907; and that death occurred, on the date stated above, at 12-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 2 DAYS

(Signed) Edw. V. Fitzgerald M.D.

Address 1118 Druid Hill Ave

Date July 21 1907

Place of Burial Mt. Auburn Cem

Date July 23 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 2917 Registered No. D .....

CERTIFICATE OF DEATH.

1202

(Place of Death.) No. 1450 Beason St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ann Ellis

{Residence, if in Baltimore, Give Street and Number.} 1450 Beason Street

Duration of Residence in Baltimore. 26 years C 2917

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 1848

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: James Welsh

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Duffy.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick J. Ellis

(Address) 1450 Beason St

Filed 7/22 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 20 July 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to July 1907 that I last saw h[er] alive on 20 July 1907 and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary) Bright's Disease

(DURATION) ... DAYS

(Signed) James Logan M.D.

Address 1322 Hull St.

Date ... 190...

Place of Burial Cathedral Cem.

Date July 23.07 1907

Undertaker Daniel and M. J. Flynn

Address 42 E. Wet St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. B C 2918

City of Baltimore, (No. 883, Lemon St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph W. Dahlweiner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. (Month) 12 (Day) 1906 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): B. C

FULL NAME OF FATHER: Joseph W. Dahlweiner

BIRTHPLACE OF FATHER (State or country): B. C.

MAIDEN NAME OF MOTHER: Elizabeth Loeffler

BIRTHPLACE OF MOTHER (State or country): B. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dahlweiner

(Address) 883 Lemon St.

Filed 7/22 1907 PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22d (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 21 1907 that I last saw h. living alive on July 21 1907, and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Coma (DURATION) 8 DAYS

Contributory [redacted] (DURATION) — DAYS

(Signed) Vincent Hill M. D.

July 22 1907 (Address) 600 N. Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death √ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	July 23 1907
UNDERTAKER	**ADDRESS**
W. H. Jenkins Bond Co	200 N. Madison

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

61 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2919

City of Baltimore, (No. 1817, Ensor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ellen Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 9th 1907 (Month) (Day) (Year)
AGE	..... years, 4 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Joseph Robinson
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Ellen King
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. P. Robinson

(Address) 1104 York road

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 20, 1907 to July 21, 1907 that I last saw her alive on July 21, 1907, and that death occurred, on the date stated above, at 10.14 P. M. The CAUSE OF DEATH was as follows:

Cerebral Meningitis

Several days (DURATION) DAYS

Contributory Convulsions

(DURATION) DAYS

(Signed) A. A. Elsewell, M. D.

July 22, 1907 (Address) 1741 Harford ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	July 23 1907
UNDERTAKER	ADDRESS
Henry Hockstein	1301 E Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2920

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Louis F Meyer

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. 2920

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW ASYLUM

Filed 7/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to July 21 1907

that I last saw h in alive on July 21 1907

and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Liver (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date July 21 1907

Place of Burial Mt Carmel

Date July 22nd 1907

Undertaker H. Lauder & Sons

Address 1710 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 2921 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 439 S. Chester St. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa A. Duff

{ Residence, if in Baltimore, Give Street and Number. } 439 S. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: June 28 1852	
AGE: 55 years, — months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Baltimore Md.	
FULL NAME OF FATHER: John Wolf	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Barbara M. Ehrin	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Nurse	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Duff

(Address) 439 S. Chester St.

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to July 20 1907 that I last saw h-e alive on July 20 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N. LaFayette Ave

Date July 21 1907

Place of Burial St. Alphonsus Cemetery

Date July 23rd 1907

Undertaker Germanus Sharer

Address 1811 & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 243 S. Wolfe St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Bendig.

{ Residence, if in Baltimore, Give Street and Number. } 243 S. Wolfe St.

Duration of Residence in Baltimore. 23 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 9th 1862

AGE: 44 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Bendig

(Address) 243 S. Wolfe St

Filed 7/22 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 20 1907 that I last saw h im alive on July 20 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) 1 Yr. DAYS

(Signed) G. W. Bierman M.D.

Address University Hospital

Date July 20 1907

Place of Burial Oak Lawn Cem.

Date July 23rd 1907

Undertaker Germanus Krantz

Address Bond & Wolfe Sts.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

1192

(Place of Death.) No. 1119 Warner St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie G. Conway

{Residence, if in Baltimore, Give Street and Number.} 1119 Warner st

Duration of Residence in Baltimore. Life

C. 2923

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 19 1875

AGE: 31 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Pierce Carroll

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary J. Carroll

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Carroll

(Address) 1119 Warner st

Filed 7/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to July 21 1907 that I last saw h[er] alive on July 20 1907, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis
asthenia.

(DURATION) 36 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. B. Burch M.D.

Address 828 N. Carrollton Ave

Date July 22/07 1907

Place of Burial Cathedral Cemetery

Date July 23 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 2321 E Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara A Schneeman

{Residence, if in Baltimore, Give Street and Number.} 2321 E. Fayette St

Duration of Residence in Baltimore. Life

C. 2984

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Feb 14 1907

AGE ..... years, 5 months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas H. Schneeman

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elez. Kreuger

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliz. Schneeman

(Address) 2321 E Fayette St

Filed 7/23" 1907

HARRY C. ANDREW, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 21 1907 that I last saw h-er alive on July 21 1907, and that death occurred, on the date stated above, at 10.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Hilton ave

Date July 22 1907

Place of Burial Holy Redeemer

Date July 23 1907

Undertaker Kendall Diffenderffer & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 2925 Registered No. B

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 2326 Stockton St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie Shipley

{Residence, if in Baltimore, Give Street and Number.} 2326 Stockton St.

Duration of Residence in Baltimore.

C. 2925

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Feb. 25, 1907

AGE: ..... years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Shipley

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Gertrude Gould.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Gould

(Address) 2326 Stockton St

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907.

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 22 1907 that I last saw her alive on 7/21 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or immediate)

Cholera infantum.

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. De S. Kelly M.D.

Address 2143 Penna. Ave.

Date July 22 1907.

Place of Burial Cut auburn

Date July 23 1907

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 2926 Registered No. B

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. 2209 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Aurora Johnson

{Residence, if in Baltimore, Give Street and Number.} 2209 Druid Hill av

Duration of Residence in Baltimore. Life C. 2926

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH June 15 1885

AGE 22 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Willis Johnson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Martha Carter

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Johnson

(Address) 2209 ~~Baker~~ Druid Hill av

Filed 7/23 1907 Domiciliary Registrar

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 20 1907

that I last saw h alive on July 20 1907

and that death occurred, on the date stated above, at 11.6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 20 DAYS

Con'ributory (Primary.) Asphyxia

(DURATION) 1 DAYS

(Signed) T. E Daughety M.D.

Address 2506 Penna Ave

Date Balto 7/21 1907

Place of Burial Mt Moriah

Date July 23 1907

Undertaker Wm J Johnson

Address 611 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 431 Moore Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Hayden

{ Residence, if in Baltimore, Give Street and Number. } 431 Moore Alley

Duration of Residence in Baltimore. Two months

C. 1927

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Hayden

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nellie Braun

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Braun

(Address) 431 Moore Alley

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 20 1907

that I last saw her alive on July 20 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

acute Gastritis.

(DURATION) 2 DAYS

Contributory (Primary.) Diarrhea

(DURATION) 7 DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N. La Fayette

Date July 22 1907

Place of Burial Laurel Cemetery

Date July 23. 1907

Undertaker R. S. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible] 0

CERTIFICATE OF DEATH. 27 V

(Place of Death.) No. 707 L. Greene St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Jones

{ Residence, if in Baltimore, Give Street and Number. } 707 L. Greene St—

Duration of Residence in Baltimore. about 8 yrs— C.2928

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1885

AGE: 22 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Relay Balto. Md.

FULL NAME OF FATHER: Wesley Jones

BIRTHPLACE OF FATHER (State or country): Md—

MAIDEN NAME OF MOTHER: Margarde Cromwell

BIRTHPLACE OF MOTHER (State or country): Elkridge Howard Co Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Jones

(Address) 707 L Green st

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to July 21 1907 that I last saw h[illegible] alive on July 21 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis

Probably 6 mos — (DURATION) DAYS

(Signed) C. R. Nicholls, M.D.

Address 607 S. Paca St

Date July 22nd 1907

Place of Burial Elkridge Howard Co Md

Date July 23 1907

Undertaker Geo L Hooper

Address 609 Little Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 Registered No. B C 2929

C 2929

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Aberender

{ Residence, if in Baltimore, Give Street and Number. } 1509 Federal Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH June 20th 1907

AGE X years, 1 months, X days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Richard Aberender

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Schneider

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Aberender

(Address) 1509 Federal Pl.

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jno. H. Cammann M.D.

Address Coroner's Office

Date July 22—07 190

Place of Burial Jerusalem Cem

Date 7/23/07 190

Undertaker J. Henry & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH. C 2930

(Place of Death.) No. Frightlee Private 7. S. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah, Mrs Jennie Runk.

{Residence, if in Baltimore, Give Street and Number.} 318 E Hamburg St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 8 1872

AGE: 35 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Wm Colwell

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Lucy Gallion

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Runk

(Address) 318 E Hamburg St

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK • Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 20 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 20 1907 that I last saw her alive on July 20 1907, and that death occurred, on the date stated above, at [illegible]

M. CAUSE OF DEATH (Secondary or Immediate)

Ludwig's Angina.

Primary.

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. Irwin M.D.

Address 7. S. Hospital.

Date July 20 1907

Place of Burial Bedw Hill Cemetery

Date July 23 1907

Undertaker E. J. Hannigan

Address 1760 Butter Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2931 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 Johnson St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Helen W. Sansbury

Residence, if in Baltimore, Give Street and Number. 1722 Johnson St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 23, 1907

AGE: ..... years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jas. S Sansbury

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Catherine Streib

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Sansbury.

(Address) 1722 Johnson St

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22 /07. 190

I HEREBY CERTIFY, That I attended deceased from @ 2 wks. ago 190 to July 22/07 190

that I last saw her alive on July 21/07 190,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 4 wks

Contributory (Primary) Inanition

(DURATION) 7 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light St

Date July 22/07 190

Place of Burial Balto Cemetery

Date July 27 1907

Undertaker Edw. J. Fanning

Address 1460 Battery av,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 903 N. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Gibson

{ Residence, if in Baltimore, Give Street and Number. } 903 N. Howard St

Duration of Residence in Baltimore. Life

L. 2932

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Afro-Am

DATE OF BIRTH: Nov. 1907

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Wallie Gibson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mollie Bolt

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Gibson

(Address) 903 N. Howard St

Filed 7/23 1907

HARRY C. ARDUSS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907.

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 22 1907 that I last saw h— alive on July 22 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery and Lues, Mesenteric Lent

(DURATION) 2 DAYS

Contributory (Primary.) Marasmus from work (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mosher ave.

Date July 22nd 1907.

Place of Burial Cathedral Cemtry

Date July 23rd 1907.

Undertaker Hall & Boyce

Address 602 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B C 2933

City of Baltimore, (No. Goldsmith Ave near Harford Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Stein

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 82 years, ... months, ... days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore County

FULL NAME OF FATHER: Aberdon Sanders

BIRTHPLACE OF FATHER (State or country): Baltimore County

MAIDEN NAME OF MOTHER: ~~Edith Sam~~

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo F Taylor M.D

(Address) 1254 N Broadway

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 22 1907 that I last saw h-r alive on July 22 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Cystic-Sarcoma

(DURATION) 3 DAYS

Contributory Failing Heart

(DURATION) 1 DAYS

(Signed) Geo F Taylor M. D.

7. 22 1907 (Address) 1254 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Stine Burial ground Balto Co — DATE OF BURIAL: July 25 1907

UNDERTAKER: Henry Lutz — ADDRESS: 1007 N. Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 Registered No. B C 2934

C. 2934

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1233 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Thompson

{Residence, if in Baltimore, Give Street and Number.} 1233 N Broadway

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH Sept 15 1842

AGE 64 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh Thompson

(Address) 1233 N. Broadway

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h.... alive on ..... 190....,

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

Sudden

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Greg'd Caminetti M.D.
Coroner

Address .....

Date ..... 190....

Place of Burial Baltimore Cemetery

Date July 23rd 1907

Undertaker Henry Leitz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B C 2935

CERTIFICATE OF DEATH.

(Place of Death.) No. Body found floating at Pier #32 Locust Point St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Unknown	
AGE: About 35 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Unknown
BIRTHPLACE (State or country)	Unknown
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo M Reinhardt MD Coroner

(Address) S-D.

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Body found floating July 18 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190..... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at —

I. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo M Reinhardt M.D.

Coroner

Address .....

Date July 19. 1907

Place of Burial PUBLIC CEMETERY.

Date JUL 22 1907 190

Undertaker Commissioner Health.

Address Health Department

City to bury.

Body very much decomposed.

Bury body & mark grave.

175

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2936 Registered No. D .....

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery o Childs Hosp - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Herbert

{ Residence, if in Baltimore, Give Street and Number. } No E. Hosp.

C. 7936

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Nov 10 1904	
AGE: 2 years, 8 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	— —
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	' '
MAIDEN NAME OF MOTHER	' '
BIRTHPLACE OF MOTHER (State or country)	' '
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) No E. Hosp

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 nd 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to July 1907 that I last saw h~~im~~ alive on July 18th 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia from May 10 followed by delayed resolution and finally exhaustion as immediate cause

(DURATION) 2 months 12 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. Edw. Magruder M.D.

Address 922 Madison Ave

Date July 23 1907

Place of Burial London Park Cem

Date July 23. 1907

Undertaker Jos J. Cook

Address 1103 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1737

Ward XVI. Registered No. B

C 2937

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2117 Mary anne St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John, Wolfgang Popp

{ Residence, if in Baltimore, Give Street and Number. } 2117. Mary anne St.

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: June, 30th 1858.

AGE: 49 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Heinrich Popp

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kunigunde Frosch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Popp

(Address) 2117 Maryanna St

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1907

I HEREBY CERTIFY, That I attended deceased from September 1906 to July, 21st 1907 that I last saw him alive on July, 20th 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate) suffered from tuberculosis pulmonalis, for some time previous to Septb. 1906. His lungs become involved (DURATION) DAYS

Contributory (Primary.) involved during the last (DURATION) 30 DAYS ending in death

(Signed) Fr. Friedrich M.D.

Address 2151. Wilkens Ave.

Date July, 22d 1907

Place of Burial St. Pauls Cem:

Date July 24 th 1907

Undertaker C. W. Dill

Address 810 Fredk. ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Reg. No. C 2938 Registered No. B

17 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Georgia Ave near W. M. R. R. Pimlico St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irving Bell

{ Residence, if in Baltimore, Give Street and Number. } 1039 W. Fayette St.

C 2938

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 24 1888

AGE: 19 years, ... months, 27 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md-

FULL NAME OF FATHER: Ed E. Bell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alice Dale

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Paper Hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Dale

(Address) 1039 W. Fayette St

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21 st 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Accumulated drowning

Alcoholism (DURATION) ... DAYS

Con'tributory (Primary.) accident

(DURATION) ... DAYS

(Signed) Wm Palmer M.D.

Address 710 Log. av. (Canton)

Date July 27th 1907

Place of Burial Western Cem.

Date July 23 1907

Undertaker Chas E. Isaacs

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 F

CERTIFICATE OF DEATH.

Registered No. BC 2939

City of Baltimore, (No. 1332 Hellman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William J Colbert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January July 27 1907 (Month) (Day) (Year)

AGE: ..... years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Robert Colbert

BIRTHPLACE OF FATHER (State or country): Jersey City

MAIDEN NAME OF MOTHER: Mary Malloy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Colbert

(Address) 1330 Hellman St

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 23 1907

that I last saw h alive on July 22 1907,

and that death occurred, on the date stated above, at 3 A.M.

II. The CAUSE OF DEATH was as follows:

Acute Gastro enteritis

(DURATION) 5 DAYS

Contributory Ex haustion

(DURATION) 3 DAYS

(Signed) A G Bear M. D.

July 23 1907 (Address) 214 E Pratt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: July 24 1907

UNDERTAKER: E A Hirdfield & Sons — ADDRESS: 208 Cathedral

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 Cooper Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie L. Radcliffe

{ Residence, if in Baltimore, Give Street and Number. } 1303 Cooper Place

Duration of Residence in Baltimore. Life

C.940

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Feb 20 1902

AGE 5 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Richard Radcliffe

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Hellenia Morgan

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hellenia Radcliffe

(Address) 1303 Cooper Place

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to July 22 1907

that I last saw h[illegible] alive on July 22 1907

and that death occurred, on the date stated above, at 9a M.

CAUSE OF DEATH (Secondary or Immediate)

Pulmonal Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Mellenthin M.D.

Address 1 W. N. Carey St

Date July 23 1907

Place of Burial Mt Olivet Cemetery Baltimore

Date July 24 1907

Undertaker John J. Fickey

Address 1200 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

3941

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Reynolds

{ Residence, if in Baltimore, Give Street and Number. } 167 S Carlton St

Duration of Residence in Baltimore. 5 yrs

C. 2941

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frances Reynolds

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Catherine Battleton

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Rollyday,

(Address) BAY VIEW ASYLUM

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 22 1907 that I last saw him alive on July 22 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Carcinoma of Jaw. (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date July 23 1907

Place of Burial Western Cemetery

Date July 23 1907

Undertaker Jos B. Cook

Address 1003 E. Balto St

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B .....

CERTIFICATE OF DEATH.

1052

(Place of Death.) No. 907 Burgundy al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Millie E. Downey

{Residence, if in Baltimore, Give Street and Number.} 907 Burgundy

Duration of Residence in Baltimore. Life

C. 2942

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept — 1906

AGE — years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William Downey

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Browning

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Downey

(Address) 907 Burgundy Alley

Filed 7/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 22 1907 that I last saw her alive on July 22 1907 and that death occurred, on the date stated above, at 6.00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Drowned and Entrails

10 days (DURATION) DAYS

Con'ributory (Primary.) Cirrhosis

1 day (DURATION) DAYS

(Signed) L. E. Mure M.D.

Address 855 Columbia Ave

Date July 23 1907

Place of Burial St Alphonsus Cemetery

Date July 24 1907

Undertaker Robert Fields

Address 1210 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2943

City of Baltimore, (No. 1933 Aliceanna St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Karl C. F. Langrehr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 2 (Day) 1907 (Year)

AGE: ..... years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John. R. Langrehr

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Henrietta Franc

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Langrehr

(Address) 1933 Aliceanna St.

Filed 7/23 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 22 1907 that I last saw h.. alive on July 22 1907, and that death occurred, on the date stated above, at 3.35 P. M. The CAUSE OF DEATH was as follows:

Entero Colitis - Acute

(DURATION) 9 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) ..... M. D.

July 24 1907 (Address) 13 N. Wolfe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Oak Lawn — DATE OF BURIAL: July 23 1907

UNDERTAKER: E. Schluman & Sons — ADDRESS: 829 Hanover

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

931

(Place of Death.) No. 1751 Clarkson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Horst.

{Residence, if in Baltimore, Give Street and Number.} 1751 Clarkson St.

Duration of Residence in Baltimore. 35 yrs.

C.2944

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 17th 1848

AGE: 59 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germ

FULL NAME OF FATHER: Anton Bartels

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Horst

(Address) 1751 Clarkson St.

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907.

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 22 1907 that I last saw h alive on July 22 1907, and that death occurred, on the date stated above, at 6.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. Wade Cowing M.D.

Address 603 S. Sharp St

Date July 23 1907

Place of Burial Eastern Ave

Date July 25th 1907

Undertaker C. Lahlman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

120 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 2945

City of Baltimore, (No. 1511 N. Carey St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Krager

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1879 (Year)

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Harry Krager

BIRTHPLACE OF FATHER (State or country): Baltimore, Md

MAIDEN NAME OF MOTHER: Mary Krager

BIRTHPLACE OF MOTHER (State or country): Howard Co

OCCUPATION OF DECEASED: Silversmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. M. Gawthrop

(Address) 901 N. North Ave

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 7 (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 22 1907

that I last saw him alive on July 22 1907,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Brights Disease

suppose about (DURATION) 1 year DAYS

Contributory Uremia for

about 12 hours (DURATION) — DAYS

(Signed) Chas B. Nilson M. D.

7/22 1907 (Address) 821 Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Peters

DATE OF BURIAL: July 24th 1907

UNDERTAKER: Wm. M. Gawthrop

ADDRESS: North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 2946 Registered No. B C 2946

CERTIFICATE OF DEATH.

(Place of Death.) No. 731. George - St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Wm. Elliott H Derrith

{ Residence, if in Baltimore, Give Street and Number. } 731- George St.

Duration of Residence in Baltimore. 4 Months 18 days C 2946

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male-

COLOR: White

DATE OF BIRTH: 1907

AGE: — years, 4 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Jas. A. Derrith

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Emma - Derrith

BIRTHPLACE OF MOTHER (State or country): Baltimore Md-

OCCUPATION OF DECEASED: None-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. A. Derrith.

(Address) 731. George St

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. 21 1907

I HEREBY CERTIFY, That I attended deceased from July. 20 1907 to July 21 1907 that I last saw him alive on July 21 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.) Intestinal

(DURATION) 1 DAYS

(Signed) H. H Hartkerch M.D.

Address 846 N. Eutaw St

Date July. 21. 1907.

Place of Burial Western Cemetery

Date July- 23rd. 1907

Undertaker Wm. M Gaunthrop

Address Pratt & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V Registered No. B C 2947

CERTIFICATE OF DEATH. 34

(Place of Death.) No. 217 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John Adam Hess

{Residence, if in Baltimore, Give Street and Number.} 217 N. Luzerne

Duration of Residence in Baltimore. Life time C. 2947

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Aug 31 1871

AGE: 35 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Adam Hess

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Geiss

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary C. Hess

(Address) 217 N. Luzerne

Filed 7/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1906 to July 22 1907

that I last saw h — alive on 7 21 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

General Tuberculosis —

17 — (DURATION) ..... DAYS

Contributory (Primary.)

Epilepsy (DURATION) ..... DAYS

(Signed) Dr. R. C. Brune M.D.

Address 1713 Bank

Date July 23 — 1907

Place of Burial Mount Carmel Cemetery

Date July 25 1907

Undertaker Louis Hemmond

Address 32 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 2948 Registered No. B C 2948

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter B. Hammond

{ Residence, if in Baltimore, Give Street and Number. } 709 George St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Afro-Am

DATE OF BIRTH: Feb 3d 1902

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James B. Hammond

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Annie Johnson

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Hammond

(Address) 709 George St.

Filed 7/23 1907

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22, 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3d, 1907 to July 22d 1907

that I last saw h alive on July 20th 1907,

and that death occurred, on the date stated above, at 3.4 V

11. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery

Contributory (Primary.) ..... (DURATION) 3 DAYS

..... (DURATION) ..... DAYS

(Signed) H. Edw Shagnden M.D.

Address 922 Madison Ave

Date July 22, 1907.

Place of Burial Mt Auburn

Date July 24 1907

Undertaker Alex Hammond

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

105 K

(Place of Death.) No. 129 S Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Agusta Slater

{Residence, if in Baltimore, Give Street and Number.} 129 S Regester St

Duration of Residence in Baltimore. Life

C. 2949

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1

AGE: 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William Slater

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Carrie Hitholth

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Hitholth

(Address) 129 S Regester St

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to July 1907

that I last saw h alive on July 1907,

and that death occurred, on the date stated above, at 4 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute Cystitis

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date 190

Place of Burial Forest Cemetery

Date JUL 23 1907 190

Undertaker H E HUGHES

Address 17 S. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 2950 Registered No. B

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1609 E Preston St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Herman Thieme

{Residence, if in Baltimore, Give Street and Number.} 1609 E

Duration of Residence in Baltimore. Life

C 2950

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles H. Thieme

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Rosenfeld

(Address) 1609 E Preston St.

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21. 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to July 21. 1907 that I last saw h[illegible] alive on " " 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic interstitial hepatitis 4 months

Cirrhosis of Liver

Central Hemorrhage (DURATION) 3 DAYS

Contributory (~~Primary~~)

(DURATION) DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N Caroline St.

Date July 22, 1907

Place of Burial Loudon Park.

Date JUL 24 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105V

(Place of Death.) No. 1234 Jefferson St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin L Tillman

{ Residence, if in Baltimore, Give Street and Number. } 1234 Jefferson St

Duration of Residence in Baltimore. All Life

C. 7951

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: B

DATE OF BIRTH: June 21 1906

AGE: ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John R Tillman

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Evaria Tubman

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin G Darling

(Address) Laurel Md

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 22 1907 that I last saw h in alive on July 22 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Cholera Infantum

Contributory (Primary) ..... (DURATION) 7 DAYS

..... (DURATION) ..... DAYS

(Signed) Edwin G Darling M.D.

Address Laurel Md

Date July 23 1907

Place of Burial Laurel

Date July 23 1907

Undertaker R A Elliott

Address 526 Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2952

City of Baltimore, (No. 1309 N Fulton Ave St. W Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel E. Swartz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 15 years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Harry B Swartz

BIRTHPLACE OF FATHER (State or country): Hanford Co Md

MAIDEN NAME OF MOTHER: Annie E Treadwell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry B Swartz

(Address) 1309 N Fulton Ave

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1904 to July 22 1907 that I last saw h alive on July 22 1907, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) E. L. Davis M. D.

July 23 1907 (Address) 300 N. Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: July 23 1907

UNDERTAKER: John E Haught Co

ADDRESS: 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 2953 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Rennert William Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Bedford

{Residence, if in Baltimore, Give Street and Number.} Westport.

Duration of Residence in Baltimore.

C 2953

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female | COLOR W

DATE OF BIRTH March 17 1907

AGE ..... years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jno. Bedford

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Maggie E. Wilson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Bedford

(Address) Westport Ave

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from July ~~17~~ 1907 to July 20 1907

that I last saw h[illegible] alive on July 20 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia —

Dropsy

(DURATION) 1 mo 3 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. D. Blackwood Jr M.D.

Address 704 Castle Ave

Date July 20 1907

Place of Burial Loudon Park

Date July 23 1907

Undertaker Wm J. Dickerson Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 14 C 2954 Registered No. B 64 N.

CERTIFICATE OF DEATH.

(Place of Death.) No. 852 St. Maryland (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Percy S Bell 852 Maryland C.2954

{Residence, if in Baltimore, Give Street and Number.} Life

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH 1

AGE about 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Gen Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lund Bell

(Address) 814 Scott St

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...,

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) ... DAYS

Contributory (Primary) Cardiac Dilatation

(DURATION) ... DAYS

(Signed) Thomas Jones M.D.

Address ... July 21st 1907

Date ... Western Cemetery

Place of Burial ... July 23 1907

Date ...

Undertaker Wm J Lechner & Son

Address Camden & Pine Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. D 6950

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Talon

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

C 7-955

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: June 20 1907

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. I. Asy.

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 1 190 to July 21 190

that I last saw h ..... alive on ..... 190 ,

and that death occurred, on the date stated above, at .....

I. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) Life DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) B Marker M.D.

Address 1002 E Lex. St.

Date July 22 1907

Place of Burial New Cathedral

Date July 23rd 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C. 2956 Register's No. B .....

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agostania Hinkel

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore. Lifetime

C. 2956

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	July 2 1907
AGE	..... years, ... months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/23 1907

HARRY C. SIDDONS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to July 22 1907

that I last saw h ..... alive on 1907,

and that death occurred, on the date stated above, at .....

I. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lex

Date Jul 22 1907

Place of Burial New Cathedral

Date July 23rd 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 2457 Registered No. B 15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Inf. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Lenard

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore. Lifetime C2457

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	June 1907
AGE	..... years, 1 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER. (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 22 1907

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) Life DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) P J Mahon M.D.

Address 1002 W Lex Car

Date July 22 1907

Place of Burial New Cathedral

Date July 23rd 1907

Undertaker M. Curtin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 C 2958 Registered No. B 1796

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Inf. Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Regina Larkin

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore. Lifetime C. 2958

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Dec 26 1906

AGE: ....years, 7 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to July 21 1907 that I last saw h..... alive on .....1907....., and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

.....(DURATION).....DAYS

Contributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) R J Martin M.D.

Address 1002 W Lat. Ave

Date July 22 1907

Place of Burial New Cathedral

Date July 23 1907

Undertaker Martin Kahey & Sons

Address 116 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1032

(Place of Death.) No. 1321 Madison ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Josephine B Marston

{Residence, if in Baltimore, Give Street and Number.} 1321 Madison ave

Duration of Residence in Baltimore. about sixty years 2959

PERSONAL AND STATISTICAL PARTICULARS

SEX: feminine | COLOR: white

DATE OF BIRTH: 1

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Capt Shelley

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): 11 4

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W Marston

(Address) 1323 Madison ave

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 23 1907

I HEREBY CERTIFY, That I attended deceased from Jan 11 1907 to July 22 1907 that I last saw h alive on July 22 1907, and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Ulcer.

4 years. (DURATION) DAYS

Contributory (Primary.) Inanition

3 weeks (DURATION) DAYS

(Signed) John H Carey M.D.

Address 10 N. Carey st

Date July 23. 1907

Place of Burial Greenmount

Date July 25th 1907

Undertaker Henry W. Justice Sons Co

Address 300 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

To be removed to 1323 Madison ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1084

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Jail Hospital Jenkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred H. Marshall

{ Residence, if in Baltimore, Give Street and Number. } Woodstock Md.

C. 2960

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: —— 1.....

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charles County

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Chas. County Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Hillenger

(Address)

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 23 1907 that I last saw him alive on July 23 1907 and that death occurred, on the date stated above, at 4.30

C. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 2 DAYS

Con'tributory (Primary.) Strangulated Hernia

(DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N. Lafayette.

Date 190

Place of Burial Woodstock Harford Co. Md.

Date July 25 1907

Undertaker Stephen Hillenger & Son

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1142

CERTIFICATE OF DEATH.

(Place of Death.) No. 2230 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Johan Zeilenger

{Residence, if in Baltimore, Give Street and Number.} 2230 E. Monument st

Duration of Residence in Baltimore. 30 years

C. 2961

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 29th 1857
AGE	49 years, 11 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Zeilenger

(Address) 2230 E Monument st

Filed 7/23" 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 21 1907

that I last saw h living alive on July 21 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Interstitial Hepatitis

a year or more (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Walter N. White M.D.

Address 1101 N. Broadway

Date July 22 1907

Place of Burial Western Cemetary

Date July 24/07 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 W. Balto St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. Owens

{ Residence, if in Baltimore, Give Street and Number. } 885 W Balto St

Duration of Residence in Baltimore. Life

C.2962

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Wh

DATE OF BIRTH: 1

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Owens

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Annie Miller

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Warner

(Address) 885 W. Balto St

Filed 7/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to July 21 1907

that I last saw h— alive on July 21 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Peritoneum

Contributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) R. A. Warner M.D.

Address 873 W. Lombard

Date July 22 1907

Place of Burial Baltimore Cemetery

Date July 24th 1907

Undertaker Wm Cook

Address 502 E Northaven

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 2963 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 916 Ramsey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Goolebin

{Residence, if in Baltimore, Give Street and Number.} 916 Ramsey

Duration of Residence in Baltimore. Life

C 2963

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 17 1907

AGE: ..... years, 5 months, 6 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Goolebin

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Annie Lawler

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Goolebin

(Address) 916 Ramsey St

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 22 1907

that I last saw him alive on July 22 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

Enteritis

(DURATION) 7 DAYS

Con'tributory (Primary.) Asthenia

1 day (DURATION) DAYS

(Signed) J. E. Mure M.D.

Address 855 Columbia Ave

Date July 22 - 07 1907

Place of Burial New Cathedral

Date July 24 1907

Undertaker John J Bowman

Address 901 Hollins St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 — C 2964 — Registered No. B C 2964

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 33 Frederick Ave, extended St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Grieot

{ Residence, if in Baltimore, Give Street and Number. } 33 Frederick Ave, extended

Duration of Residence in Baltimore. Life time C

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 3rd 1907

AGE: — years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles E Grieot

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie McNew

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Grieot

(Address) 33 Frederick

Filed 7/25 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 22 1907 that I last saw h in alive on July 22 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 1 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date July 23 1907

Place of Burial Western Cemetery

Date July 23rd — 1907

Undertaker L. F. McCormick

Address 1229 W Lombard St —

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B

172 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Body found Foot of Allen St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Lotz

{Residence, if in Baltimore, Give Street and Number.} 116 Weber St

53 yrs

Duration of Residence in Baltimore.

C. 2965

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 22 1837

AGE: 70 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Lotz (wife)

(Address) 116 Weber St

Filed 7/23 1907

EMMET C. ARDERN, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at ~

..M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Th. McEinhardt M.D.
Coroner

Address

Date July 22 1907

Place of Burial Holy Cross R C Cem

Date July 24th 1907

Undertaker Jos. Stemmler

Address 1318 Light Str.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Milton Powell

{ Residence, if in Baltimore, Give Street and Number. } 211 N. Wolfe St.

Duration of Residence in Baltimore. Life

C. 2966

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 23 1907

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William H. Powell

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mabel Waltman

BIRTHPLACE OF MOTHER (State or country): U. S.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Powell

(Address) 211 N. Wolfe St.

Filed 7/23 1907

HARRY C. ARDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23. 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 23. 1907 that I last saw him alive on ..... 1907, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

(1st.) Premature birth, Atrophy

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N Caroline St.

Date July 23. 1907

Place of Burial Schwartz Cem.

Date July 23 1907

Undertaker Jos. J. Iden

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

64 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2907

City of Baltimore, (No. 421, N. Wolfe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Snyder,

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb. 12, 1839. (Month) (Day) (Year)
AGE	68 years, 5 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 7/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 22 - 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mch. 27, 1907 to July 22, 1907, that I last saw him alive on July 21, 1907, and that death occurred, on the date stated above, at 8.40 A. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy, 4 mos.
Contributory Arteriosclerosis
unknown DURATION) DAYS

(Signed) E. L. Crutchfield, M. D.
7-23-1907 (Address) 1224 E. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore County	July 24 1907
UNDERTAKER	ADDRESS
C. H. Blizzard & Co	1115 Pa. Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

74 V

(Place of Death.) No. #2 Geo St Hampden St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary B Baker

{Residence, if in Baltimore, Give Street and Number.} 2. Geo St Hampden

C. 2968

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Fel
COLOR	W
DATE OF BIRTH	Nov 30 1873
AGE	34 years, 7 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	T F Level
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	A.A. Monday
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Handl Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H E Baker

(Address) 2. Geo St

Filed 7/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to July 22 1907

that I last saw h-r alive on July 22 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Malpositi neuri-tis

(DURATION) 30 DAYS

(Signed) R B Norment M.D.

Address 3543 Chestnut Ave

Date July 23 1907

Place of Burial St Marys Hampden

Date July 25 1907

Undertaker H E Chenoweth & Son

Address 919 319 Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 2969 Registered No. B C 2969

CERTIFICATE OF DEATH.

1327

(Place of Death.) No. 551 E. Lafayette Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Owen McDermott

{Residence, if in Baltimore, Give Street and Number.} 551 E Lafayette Ave

Duration of Residence in Baltimore. 68 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Mulb

DATE OF BIRTH Ann Lonown 1825

AGE 82 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas McDermott

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Owen McDermott

(Address) Lafayette Ave

Filed 7/23 1907 Registrar

ST. MARY'S CO. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 22 1907

that I last saw h— alive on July 22 1907,

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General debility

several years
(DURATION) DAYS

Contributory (Primary.)

Old age
(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lafayette ave

Date July 23 1907

Place of Burial Green Cathedral

Date July 25th 1907

Undertaker M. Fahey & Sons

Address 618 & 612 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

W C 10 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2318 Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeanette Forrester.

{ Residence, if in Baltimore, Give Street and Number. } 2308 Stockton St.

C. 2470

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Dec. 5, 1906

AGE: 1 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Edward Duval.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Emma Forrester

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Forrester.

(Address) 2308 Stockton St.

Filed July 24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

C.F.C.V.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23, 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 23 1907, that I last saw h alive on 22 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

Cholera infantum

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) 6 DAYS

(Signed) K. De S. Kelly, M.D.

Address 2143 Penna. Ave.

Date July 23, 1907

Place of Burial Mt. Auburn

Date July 24 1907

Undertaker Wm. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B [illegible] 1247

CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 Hillman alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thurdon Ward

{Residence, if in Baltimore, Give Street and Number.} 1514 Hillman ale C-2971

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Jan. 17th 1907

AGE: — years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jonno ward

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ward

(Address) 1514 Hillman alley

Filed July 24th 1907

[signature] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute indigestion

.... (DURATION) 1 DAYS

Con'ributory (Primary.) ....

.... (DURATION) .... DAYS

(Signed) Leo Baldwin M.D.

Address 700 Lex. av. (Comm.)

Date July 22nd 1907

Place of Burial Mt Auburn

Date July 24 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Afrom Fried

{ Residence, if in Baltimore, Give Street and Number. } 7 N. Dunkan st. 12972

Duration of Residence in Baltimore. 6 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH 1

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David Fried

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gindie Fried

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Fried

(Address) 7 N Dunkan st

Filed July 24 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 23 1907

that I last saw him alive on July 22 1907

and that death occurred, on the date stated above, at 3 0 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

(DURATION) 1 DAYS

Contributory (Primary.) Intestinal

Toxaemia (DURATION) 5 DAYS

(Signed) Wm Bayley Jr M.D.

Address Hebrew Hospital

Date July 22 1907

Place of Burial Mount Dale Cemetery

Date July 24 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 2973 Registered No. B C 2973

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harold Halfman

{Residence, if in Baltimore, Give Street and Number.} 1143 E. Baltimore St. City

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 7 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Halfman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Helen Tavern.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Halfman

(Address) 1143 E Balt. St

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to July 23d 1907

that I last saw him alive on July 23d 1907

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date July 23d 1907

Interment Place of Burial Philip Rd Herbrew Lot

Date July 24 1907

Undertaker Mark Levinson

Address 620 mc Elderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible], C 2974 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Coleman.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyoy

(Address) BAY VIEW ASYLUM Balt.

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd, 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1906 to July 23rd 1907

that I last saw him alive on July 22nd 1907,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Nonl M.D.

Address Bay View Hosp.

Date July 23rd, 1907

Place of Burial Sacred Heart.

Date 7/24 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — Registered No. B C 2975

C 2975

CERTIFICATE OF DEATH.

(Place of Death.) No. 823 Whatcoat St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name "Osey" Nutt

{ Residence, if in Baltimore, Give Street and Number. } 823 Whatcoat St —

Duration of Residence in Baltimore. Eight Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem	COLOR: Col
DATE OF BIRTH: 1907	
AGE: ..... years, ... months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): md	
FULL NAME OF FATHER: Robert Nutt	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Maggie Simmons	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Nutt

(Address) 823. Whatcoat

Filed 11/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1907

I HEREBY CERTIFY, That I attended deceased from July 21st 1907 to July 22nd 1907 — that I last saw h[er] alive on July 22nd 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure —

(DURATION) — DAYS

Contributory (Primary.) Congenital Debility — Cardiac Malformations, (DURATION) — DAYS

(Signed) Thatcher Hayes, M.D.

Address 901 N. Stricker St.

Date July 23rd 1907

Place of Burial Md Lutheran Cem

Date July 24 — 1907

Undertaker Saml. H. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH. C 2976

Registered No. B.....

City of Baltimore, (No. 1208 Riggs Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Chavis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: May (Month) 6 (Day) 1907 (Year)

AGE: ..... years, 2 months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: David Chavis

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Sarah Carter

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A J Trundle

(Address) 1698 N Carrollton Ave

Filed 7/24 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased ~~from~~ on July 19 1907 to ..... 190.....

that I last saw him alive on July 19 1907,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Asthenia

..... (DURATION) 3 DAYS

Contributory Cholera Infantum

..... (DURATION) 7 DAYS

(Signed) H. J. Trundle M. D.

July 23 190 7 (Address) 640 N Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cem — DATE OF BURIAL: July 24 1907

UNDERTAKER: Sam'l H. Chase & Son — ADDRESS: 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 2977 Registered No. B C 2977

CERTIFICATE OF DEATH.

1797

(Place of Death.) No. 1427 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Plungo

{Residence, if in Baltimore, Give Street and Number.} 1427 Bank st

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Walter Plungs.

BIRTHPLACE OF FATHER (State or country) Russia Poland.

MAIDEN NAME OF MOTHER Agatha ..

BIRTHPLACE OF MOTHER (State or country) Russia Poland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Plungs.

(Address) 1427 Bank St

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at .....

I. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Intussusception

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sudler Coroner M.D.

Address 320 ½ Greene St

Date July 24 1907

Place of Burial St Stanislaus.

Date July 24 1907

Undertaker M. A. Jackowski

Address 703 S. Caroline St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 2978 Registered No. B C 2978

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 817 S. Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Kowalewski

{ Residence, if in Baltimore, Give Street and Number. } 817 S Bond st

Duration of Residence in Baltimore. 25 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Stanislaus Kowalewski

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Agnes Despaniak

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Saloon Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kowalewska (wife)

(Address) 817 S. Bond St

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22. 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to July 22 1907 that I last saw h alive on July 22 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

ante Mortem

(DURATION) 2 mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. McCarthy M.D.

Address 16 E Broadway

Date July 23 1907

Place of Burial St Stanislaus.

Date Thursday July 25" 1907

Undertaker W. F. Gadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 2979 Registered No. B C 2979

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1927 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Magewska

{ Residence, if in Baltimore, Give Street and Number. } # 1927 Alice Anna St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Victor Magewski.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Mary Gorbill.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Magewski.

(Address) 1927 Alice anna St

Filed 7/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 23 1907 that I last saw her alive on July 23 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St.

Date July 23 1907

Place of Burial Holy Rosary.

Date Wed July 24 1907

Undertaker M. F. Sadowski.

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 2980 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Hazel

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Miss Holliday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 22 1907 that I last saw h alive on July 22 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum.

Date July 23 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 23 1907 190 ....

Undertaker William H Woodyer

Address 1812 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 2981

City of Baltimore, (No. 734, Frederick Ave St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME S. Alice Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 14 1864 (Month) (Day) (Year)

AGE: 52 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt Co

FULL NAME OF FATHER: John Peddicord

BIRTHPLACE OF FATHER (State or country): Balt Co

MAIDEN NAME OF MOTHER: Elizabeth Walters

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helena A Lynch

(Address) 734 Frederick Ave.

Filed 7/24/07

HARRY C. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1 1906 to July 22 1907 that I last saw h-- alive on July 22 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Uraemia (DURATION) 3 DAYS

Contributory Interstitial Nephritis (DURATION) 18 Months

(Signed) Harvard W. Jones M. D.

July 23 1907 (Address) Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: July 24 1907

UNDERTAKER: Jos B. Cook

ADDRESS: 1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 2982 Registered No. B

CERTIFICATE OF DEATH.

1546

(Place of Death.) No. 1726 E. Fayette St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Rosina Reinold

{Residence, if in Baltimore, Give Street and Number.} 1726 E. Fayette St.

Duration of Residence in Baltimore. about 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept. 4 1827
AGE	86 years, 10 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Anton Veith
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Champness

(Address) 1726 E Fayette St.

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22nd 1907

I HEREBY CERTIFY, That I attended deceased from July 19th 1907 to July 22nd 1907 that I last saw h[illegible] alive on July 22nd 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

~~Intermittent Old age~~

Debility Old age

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1933 E. Baltimore St

Date July 22nd 1907

Place of Burial Baltimore Cemetery

Date July 25 1907

Undertaker Germanus Frame

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

C 2983

Registered No. B C 2983

CERTIFICATE OF DEATH.

(Place of Death.) No. 627 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine Slans

{Residence, if in Baltimore, Give Street and Number.} # 627 S. Bond St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June. 27 1907

AGE ..... years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Teofil Slans

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Pelagia Potrzuska

BIRTHPLACE OF MOTHER (State or country) Poland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Teofil Slans

(Address) 627 S. Bond St

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 23 1907 that I last saw h.. alive on July 23 1907 and that death occurred, on the date stated above, at 10½ P. M. CAUSE OF DEATH, (Secondary or Immediate) Malnutrition

Lifetime (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehkoerger M.D.

Address #1709 Aliceanna St

Date July 24 1907

Place of Burial Holy Rosary

Date July. 24 1907

Undertaker Jacob Fialkowski

Address 628 S Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 2984 Registered No. B 1054

CERTIFICATE OF DEATH.

(Place of Death.) No. 429 W. 23rd St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elsie M. McCleary

{Residence, if in Baltimore, Give Street and Number.} 429 W. 23rd St.

Duration of Residence in Baltimore. Five weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Sept 30 1906

AGE: ..... years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Clarence McCleary

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Jennie Painter

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie McCleary

(Address) 429 W. 23rd St

Filed 7/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24th 1907

I HEREBY CERTIFY, That I attended deceased from July 22nd 1907 to 23rd 1907

that I last saw h.. alive on 23rd 1907,

and that death occurred, on the date stated above, at 1.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Infantum

(DURATION) 4 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 23rd St

Date July 24th 1907

Place of Burial Greenlands Balto Co Md

Date July 25th 1907

Undertaker E. M. Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 2985 Registered No. B C 2985

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 561 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathan G. Roland

{Residence, if in Baltimore, Give Street and Number.} 561 Mosher Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Grant Roland.

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Louisa Lanky

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grant Roland.

(Address) 561 Mosher St

Filed 7/24/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22, 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro enteritis

(DURATION) .... DAYS

Con'ributory (Primary.)

(DURATION) 14 DAYS

(Signed) Lia Baldwin M.D.

Address 700 Log. av. (Govans)

Date July 24th 1907

Place of Burial Mt. Auburn Cem

Date July 24 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward P C 2986 Registered No. B C 2986

146 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgiana Dobson

{Residence, if in Baltimore, Give Street and Number.} 1015 Leadenhall Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. md.

FULL NAME OF FATHER Joseph Dobson.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Lee

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Davis

(Address)

Filed 7/24/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23. 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to July 23 1907 that I last saw h alive on July 23 1907 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Abscess of Brain

(DURATION) 30 DAYS

Con'tributory (Primary.) Mastoid Abscess

(DURATION) (?) DAYS

(Signed) H. S. McCard M.D.

Address 2005 Druid Hill Ave

Date July 23 1907

Place of Burial Mt. Auburn

Date July 25 1907

Undertaker Jno N. Toadvine

Address 142 Mitchell St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 2987 Registered No. 1044

CERTIFICATE OF DEATH.

(Place of Death.) No. 694 Pierce St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Susie Brown

{Residence, if in Baltimore, Give Street and Number.} 694 Pierce Street

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Benjamin Couture

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mary Couture

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Brown

(Address) 694 Pierce St.

Filed 7/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 22 1907 that I last saw h[illegible] alive on July 21 1907 and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) 6 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 4 DAYS

(Signed) C. H. Spence M.D.

Address 112 S. Paca St

Date July 22nd 1907

Place of Burial Int. Auburn Cem.

Date July 24 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C 2588 Reg. 113 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2243 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Nassauer

{Residence, if in Baltimore, Give Street and Number.} 2243 Eutaw Place

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Samuel Nassauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Bessie Prag.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Nassauer

(Address) 2243 Eutaw Place

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to July 23 1907

that I last saw h~~im~~ alive on July 23 1907

and that death occurred, on the date stated above, at ~~2~~ ~~P.~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Primary Gall Stones

Ulcered Structure of Duodenum & Pancreatitis

4 Weeks (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. Arnheim M.D.

Address 1107 Linden Ave

Date July 23 1907

Place of Burial Balto Hebrew Cem

Date July 25th 1907

Undertaker Hart & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Reg

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital, St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Chester Hubbard Hand

{ Residence, if in Baltimore, Give Street and Number. } Dunkirk N.Y.

Duration of Residence in Baltimore. 7 days.

C. 2989

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 18 — 1886

AGE: 21 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Warren — Pa.

FULL NAME OF FATHER: Joseph Henry Hand.

BIRTHPLACE OF FATHER (State or country): Florida.

MAIDEN NAME OF MOTHER: Elizabeth Langstaffe

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED: Student.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis B. Hand

(Address) 1103 Linden Ave.

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 24 1907

that I last saw h~~im~~ alive on July 24 1907

and that death occurred, on the date stated above, at 8.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid septicaemia and Exhaustion.

(DURATION) 20 DAYS

Con'ributory (Primary.) Typhoid fever about (DURATION) 15 DAYS

(Signed) E. L. Whitney M. D. M.D.

Address 1103 Linden Ave.

Date July 24 1907

Place of Burial: Easton Pa.

Date July 26 1907

Undertaker: W. H. Hawthorn

Address North & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 2990 Regist...

CERTIFICATE OF DEATH.

791

(Place of Death.) No. 915 Jordan alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary King

{Residence, if in Baltimore, Give Street and Number.} 915 Jordan alley

Duration of Residence in Baltimore. 32 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	colored
DATE OF BIRTH	may 2nd 1870
AGE	37 years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Annapolis Md
FULL NAME OF FATHER	Stephen Reynolds
BIRTHPLACE OF FATHER (State or country)	West River Md
MAIDEN NAME OF MOTHER	mary ellen simms
BIRTHPLACE OF MOTHER (State or country)	West River md
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Davis

(Address) 915 Jordan alley

Filed 7/27 190...

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to July 23 1907 that I last saw h[er] alive on July 22 1907, and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis

(DURATION) 3 days

Contributory (Primary.) Asthenia

(DURATION) ... DAYS

(Signed) Hillman E Burton M.D.

Address 762 Dolphin

Date July 23rd 1907

Place of Burial Mt Auburn Cemetery

Date July 26 1907

Undertaker Felix B. Pitz

Address 102 E. Mulberry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his [or] her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 11 C 2991

CERTIFICATE OF DEATH.

1052

(Place of Death.) No. 131 Johns alley — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Lizzie Truitt

{Residence, if in Baltimore, Give Street and Number.} 131 Johns alley

Duration of Residence in Baltimore 21 months.

C 2991

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: October — 1905

AGE: 2 years, 21 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Robert Truitt

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Eliza. Tyler

BIRTHPLACE OF MOTHER (State or country): West River Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Truitt

(Address) 131 Johns Alley

Filed 7/24 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 23d 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 23 1907 that I last saw h— alive on July 23 1907 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Con'ributory (Primary.) Heat and Diet

(DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address Md. Gen'l Hospital

Date July 23 — 1907

Place of Burial Mt Auburn Cemetery

Date July 24th 1907

Undertaker Felix B. Pyz

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

CERTIFICATE OF DEATH.

1.05

(Place of Death.) No. 750 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry LeRoy Vernon

{Residence, if in Baltimore, Give Street and Number.} 750 Ramsay Av.

C.2992

Duration of Residence in Baltimore. Life

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb 10 1907
AGE	— years, 5 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	H P Vernon
BIRTHPLACE OF FATHER (State or country)	Hardin Co Ky
MAIDEN NAME OF MOTHER	Annie Smith
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H P Vernon

(Address) 750 Ramsay

Filed 7/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to July 22 1907 that I last saw h**i**m alive on July 22 1907 and that death occurred, on the date stated above, at 8 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Drainhear 2d Enteritis

14 days (DURATION) DAYS

Contributory (Primary) Asthenia

14 days (DURATION) DAYS

(Signed) J.E. Mace M.D.

Address 855 Columbia Ave

Date July 24 1907

Place of Burial London Park

Date July 24 1907

Undertaker W. J. Tuckner & Son

Address Linden & Paca

WM. J. C. CULANY CO., BALTIMORE.

Ward 9 C 2993 Regis

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 1309 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Burns

{ Residence, if in Baltimore, Give Street and Number. } 1309 Ensor St

C. 2993

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Fardley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Burns

(Address) 1309 Ensor St.

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 22 1907 that I last saw her alive on July 22 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate) Cerebral Hemorrhage and Right Hemiplegia and Aphasia

(DURATION) 10 DAYS

Contributory (Primary.) Arteriosclerosis & Coma

(DURATION) 4 DAYS

(Signed) Harry C. Ryder M.D.

Address 1703 N. Fayette

Date July 23 1907

Place of Burial Holy Cross

Date July 25 1907

Undertaker H. C. Middleton

Address 714 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9th

CERTIFICATE OF DEATH.

(Place of Death.) No. 237 Friendship Lt (Waverley) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thelma Pearl Brown

{Residence, if in Baltimore, Give Street and Number.} 237 Friendship Lt

Duration of Residence in Baltimore. Life

105

6 2994

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W Gulbi

DATE OF BIRTH: Dec 27th 1906

AGE: ..... years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Harry Brown

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ella Suter

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF,

(Informant) Harry Brown

(Address) 237 Friendship Lt

Filed 7/24/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 23 1907

that I last saw h[illegible] alive on July 22 1907

and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Cellulcr

Impetigo (DURATION) 15 DAYS

(Signed) H. W. Brown M.D.

Address 613 Gorsuch Ave

Date July 23rd 1907

Place of Burial Baltimore Cemetery

Date July 24 1907

Undertaker H. C. Middleton

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 2995 Regist

CERTIFICATE OF DEATH.

14V

(Place of Death.) No. 415 S Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia L. Shriver

{Residence, if in Baltimore, Give Street and Number.} 415 S. Madeira St.

Duration of Residence in Baltimore. Life C.2995

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 1st 1846

AGE 61 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Valentin Dunkoff

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Shriver

(Address) 415 S.

Filed 7/24 190.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 21st 1907 to July 23 1907 that I last saw her alive on July 21st 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery

(DURATION) 3 DAYS

Contributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) G. C. Trieup M.D.

Address 3038 E Balto St

Date July 23 1907

Place of Burial Pt. Evergreen Cem

Date July 24 1907

Undertaker HENRY SARGER & SONS,

Address S. E. Cor. Broadway & Balto Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 C 2996 Registered

CERTIFICATE OF DEATH.

(Place of Death.) No. 2024 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Roppelt

{Residence, if in Baltimore, Give Street and Number.} 2024 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 12th 1906

AGE: ..... years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Married~~ Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Roppelt

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Schoff

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Roppelt

(Address) 2024 Gough St

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 22 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 22 1907

that I last saw him alive on July 22 1907

and that death occurred, on the date stated above, at 4½ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 3 DAYS

Contributory (Primary.) Convulsions (DURATION) 1½ hrs DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date July 23 1907

Place of Burial Mt. Carmel Cem

Date July 24 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore and 1705-1710 Orleans Avenue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 2997

City of Baltimore, (No. 1472 Block St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Evelyn Larkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: W.
DATE OF BIRTH: Feby (Month) 11th (Day) 1907 (Year)	
AGE: ..... years, 11 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto - Md	
FULL NAME OF FATHER: James A Larkin	
BIRTHPLACE OF FATHER (State or country): Baltimore.	
MAIDEN NAME OF MOTHER: Carrie Whitmarsh	
BIRTHPLACE OF MOTHER (State or country): Baltimore —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Whitmarsh

(Address) 1472 Block St

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 23rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 23 1907 that I last saw h er alive on July 21 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Chloroma Infantum

..... (DURATION) ..... DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) John Roth M. D.

July 23 1907 (Address) 1300 E Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet	July 24 1907
UNDERTAKER: J Sandw Sons	ADDRESS: 1710 Eastern Av.

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C 2998 Registered No. B C 2998

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurance Magle Quinn

{Residence, if in Baltimore, Give Street and Number.} 917 Linden Ave.

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 20 V 1907

AGE ..... years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George H. Quinn

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Mary Griffin

BIRTHPLACE OF MOTHER (State or country) N. Dakota

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Quinn

(Address) 917 Linden ave

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23 VII 1907

I HEREBY CERTIFY, That I attended deceased from 13 VII 1907 to 23 VII 1907 that I last saw h[im] alive on 22 VII 1907, and that death occurred, on the date stated above, at 6 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea & Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henrietta de Mares M.D.

Address 1718 John St.

Date 23 VII 1907

Place of Burial Mount Olivet

Date July 24th 1907

Undertaker C. F. Philbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 2999 Registered No. B C 2999

CERTIFICATE OF DEATH.

1796

(Place of Death.) No. 114 W Wash St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard Jarome Otter

{ Residence, if in Baltimore, Give Street and Number. } 114 W Mt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White -

DATE OF BIRTH: Sept 9 - 1906

AGE: ..... years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Philipp Otter.

BIRTHPLACE OF FATHER (State or country): Baltimore -

MAIDEN NAME OF MOTHER: Bertha Johnson

BIRTHPLACE OF MOTHER (State or country): Hagerstown Md.

OCCUPATION OF DECEASED: None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philipp Otter -

(Address) 114 W Mt St.

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 23 1907 that I last saw h alive on July 23 1907 and that death occurred, on the date stated above, at 8:20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

Since before my 1st Visit (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) 3 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 E. Shamp St

Date July 24 1907

Place of Burial Cedar Hill

Date July 24th 1907

Undertaker Jos. Hunteloch

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 3000 Registered No. B C 3000

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Little Williams St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name William F. Meyer

{Residence, if in Baltimore, Give Street and Number.} 1720 Little Williams St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 8th 1872

AGE: 35 years, 4 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Clemens Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary E. Winters

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Meyer

(Address) 104 W. Cross St.

Filed 7/24 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 7th 1907 to July 23rd 1907 that I last saw h[illegible] alive on July 21st 1907 and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

6 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Donnell M.D.

Address 1340 S Charles St

Date July 24th 1907

Place of Burial Holy Cross R.R. Co

Date July 26th 1907

Undertaker Jos. Stumtebeck

Address 318 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Floor No. C 3001 Registered No. B C 3001

123

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen'l Hospital, Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad Gondermann

{Residence, if in Baltimore, Give Street and Number.} 1132 Hanover St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ~~July 23~~ April 2nd ~~1907~~ 1845

AGE 62 years, 3 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise Gondermann

(Address) 1132 Hanover St

Filed 7/24 1907 HARRY C. ANDRESS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 23 1907 that I last saw him alive on July 23 1907 and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cystitis Cancer

(DURATION) 14 DAYS

Con'tributory (Primary.) Suppression of Urine (DURATION) DAYS

(Signed) 1st Lieut C. Blake M.D.

Address 1014 N. LaFayette

Date July 23 1907

Place of Burial London Park Cem

Date July 26th 1907

Undertaker E. Schlosman & Son

Address 1029 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 3002 Registered No. B C 3002

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 N. Washington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosiella Adams

{Residence, if in Baltimore, Give Street and Number.} 130 N. Washington St

Duration of Residence in Baltimore. One year two months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 29th 1906

AGE 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Chester Pa

FULL NAME OF FATHER John A Adams

BIRTHPLACE OF FATHER (State or country) Chester Pa

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Chester Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Rixrath

(Address) 130 N. Washington St

Filed 7/24" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 24 1907

that I last saw h alive on July 23 1907,

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Diarrhoea

Heart Prostration

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address 1230 E. 7th St

Date July 24th. 1907

Place of Burial Mt Carmel Cem

Date July 25th 1907

Undertaker Geo Lewis Undertaker

Address 647 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3003 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1235 Smiths Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Smallwood

{Residence, if in Baltimore, Give Street and Number.} 1235 Smiths Al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Dead Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Batson

(Address) 804 Sterling St

Filed 7/24 1907 Registrar

JAMES C. ATHENS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h.... alive on ..... 190....,

and that death occurred, on the date stated above, at 12½

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Carullo M.D.

Address Corner Med

Date July 23-07 190

Place of Burial Laurel

Date July 24 1907

Undertaker R A Elliott

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3004 Registered No. B

CERTIFICATE OF DEATH.

1514

(Place of Death.) No. 1749 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Henry + Florence Alton.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: July 14th 1907

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Henry W Alton

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Florence Hargrove

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Farthers

(Address) 1749 Orleans St.

Filed 7/24 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 14th 1907 to July 23 1907

that I last saw h er alive on July 22 1907

and that death occurred, on the date stated above, at 8.55 a.m.

CAUSE OF DEATH (Secondary or Immediate.)

Prematur.

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital.

Date July 23rd 07. 1907

Place of Burial Laurel

Date July 24th 1907

Undertaker R A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3005 Registered No. B C 3005

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1311 N. Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John A. Burtus

{Residence, if in Baltimore, Give Street and Number.} 1311 N. Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Dont know

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Priscilla Mathews

(Address) 310 Lewis St

Filed 7/24 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23d 1907

I HEREBY CERTIFY, That I attended deceased from June 25 1907 to July 23 1907

that I last saw h alive on July 22 1907,

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleuro Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Bad Hygienic Surroundings (DURATION) DAYS

(Signed) W. Wilson M.D.

Address 1224 E. Fayette

Date July 24th 1907

Place of Burial Salisbury Cemetery

Date July 24 1907

Undertaker E. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 3006 Registered No. B C 3006

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Michael Dreisch

{Residence, if in Baltimore, Give Street and Number.} 1432 S Charles St

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 15 1844

AGE 63 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Dreisch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Dreisch

(Address) 1423 S. Charles

Filed 7/24" 1907 [HARRY O. ANDREWS, PERMIT CLERK.] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from April 22 1907 to July 23 1907

that I last saw him alive on July 22 1907,

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asceles

Paralysis of Heart

(DURATION) 12 DAYS

Contributory (Primary) Diabetes X

Chr. Interst. Neph (DURATION) 3 mos ~~DAYS~~

(Signed) August Hom M.D.

Address 25 + St Paul Sts.

Date 190

Place of Burial Holy Cross R. C. Co.

Date July 25 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3007 Registered No. B C 3007

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 Race St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Jackson

{Residence, if in Baltimore, Give Street and Number.} 1123 Race St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 23 1907

AGE ..... years, ... months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry Jackson

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Florence Palmer

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Jackson

(Address) 1123 Race St

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ on July 23 1907 to ..... 190..... that I last saw her alive on above date. and that death occurred, on the date stated above, at 1-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis neonatorum.

Died 1 hour after birth. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Minerva Herrinton M.D.

Address 115 W. Barre St.

Date July 23rd 1907.

Place of Burial Leader Hill

Date July 24 1907

Undertaker F. D. Kramer & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 3008 Registered No. B C 3008

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1823 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert A Sylvester

{Residence, if in Baltimore, Give Street and Number.} 1823 N. Castle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Apr 18 1907

AGE: — years, 3 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: P H Sylvester

BIRTHPLACE OF FATHER (State or country): Talbot Co

MAIDEN NAME OF MOTHER: Daisy Linder

BIRTHPLACE OF MOTHER (State or country): Talbot Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P H Sylvester

(Address) 1823 N Castle

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 15th 1907 to July 23rd 1907

that I last saw him alive on July 21st 1907

and that death occurred, on the date stated above, at 8:20 a M. CAUSE OF DEATH (Secondary or Immediate)

Ex haustion.

Malnutrition.

(DURATION) DAYS

Contributory (Primary) Tumor Cerebri.

(DURATION) DAYS

(Signed) C Howard M.D.

Address 1510 Eutaw

Date July 25 1907

Place of Burial Edgewood Cem

Date July 24 1907

Undertaker Robt J Saunders

Address 1212 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 3009. Registered No. B C 3009

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James J Hatten

{ Residence, if in Baltimore, Give Street and Number. } St Joseph Hospital,

Duration of Residence in Baltimore. 8 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ Male | COLOR White

DATE OF BIRTH July 23 1907

AGE ~~years~~ ~~months~~ 8 hours ~~days~~

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Hatten

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Rose Hanken

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Hanken

(Address) Liberty Rd

Filed 7/24/07 HARRY C. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 23 1907 that I last saw him alive on July 23 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Victor A. Cullen M.D.

Address St Joseph Hospital

Date July 23 1907

Place of Burial Bonnie Brae

Date July 25th 1907

Undertaker Martin Fahey

Address 606 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 3010 Registered No. B C 3010

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 520½ N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine M Tucker

{Residence, if in Baltimore, Give Street and Number.} 520½ N Mount

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm H Tucker

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Elizabeth McConville

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Tucker

(Address) 520½ N Mount

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 23 1907 that I last saw h alive on July 22 1907, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Eclampsia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J M B Burns M.D.

Address 521 N. Carrollton Ave

Date July 24 1907

Place of Burial Western Cem

Date 7/25 1907

Undertaker Wm J Schilling

Address 1144 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3011

Registered No. B.....

City of Baltimore, (No. 1426 N. Bethel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Memminger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: August (Month) 15 (Day) 1906 (Year)

AGE: ..... years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis Memminger

BIRTHPLACE OF FATHER (State or country): Baltimore.

MAIDEN NAME OF MOTHER: Neubauer.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Memminger

(Address) 1426 N. Bethel St.

Filed 7/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 23 1907 that I last saw him alive on July 23 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 5 DAYS

Contributory Convulsions Toxaemia

(DURATION) 1 DAYS

(Signed) Alfred Ullman M. D.

July 23 1907 (Address) 1526 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery | DATE OF BURIAL: July 25 1907

UNDERTAKER: Henry Hoeck & Son | ADDRESS: 301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 3012 Registered No. B C 3012

CERTIFICATE OF DEATH.

1204 V

(Place of Death.) No. 2051 Gough St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William H. Prondfoot

{Residence, if in Baltimore, Give Street and Number.} 2051 Gough St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug. 1835

AGE 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo. Prondfoot

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED Oyster Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Prondfoot

(Address) 2051 Gough St.

Filed 7/24 1907 HENRY G. ANDRES, FIRST CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 22 1907

I HEREBY CERTIFY, That I attended deceased from January 22 1907 to January 22 1907 that I last saw him alive on January 22 1907 and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) One DAY

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) G. G. Rude M.D.

Address ~~G. G. Rude~~ 2 cor C. B.

Date January 24 1907

Place of Burial Baltimore Com.

Date Jan 25th 1907

Undertaker Geo A Moran

Address 1 S Amity St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when attending the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3013 Registered No. B C 3013

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 Anthony st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genevieve Wadman

{Residence, if in Baltimore, Give Street and Number.} 1432 Anthony st

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 1 1906

AGE: ____ years, 9 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ____

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Wadman

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Josephine Silbach

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Wadman

(Address) 1432 Anthony st

Filed 7/24 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 24 1907 that I last saw h[illegible] alive on 23 1907, and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dentition and Colon Impaction

(DURATION) 1 DAYS

Contributory (Primary.) Government

(DURATION) ____ DAYS

(Signed) Dr J. Simms M.D.

Address 1025 N W Pk

Date July 24th 1907

Place of Burial St Alphonsus

Date July 25 1907

Undertaker Frank Craske

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 3014 Registered No. B C-3014

CERTIFICATE OF DEATH.

105 ✓

(Place of Death.) No. 1718 N. Collington Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian I. Simms

{Residence, if in Baltimore, Give Street and Number.} 1718 N. Collington Av.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 26, 1907

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): 1718 N. Collington Av

FULL NAME OF FATHER: Saml H. Simms

BIRTHPLACE OF FATHER (State or country): Balto., Md.

MAIDEN NAME OF MOTHER: Nell. Myers

BIRTHPLACE OF MOTHER (State or country): Balto., Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml H. Simms

(Address) 1718 N Collington Av.

Filed 7/24 1907 HARRY G. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 23 — 1907.

I HEREBY CERTIFY, That I attended deceased from July 23 - 1907 to July 23 - 1907 that I last saw her alive on ... 1907 and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

4 hours (DURATION) ..... DAYS

Contributory (Primary.) Gastro-enteritis

(DURATION) 2 DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina st.

Date July 23 1907.

Place of Burial Holy Redeemer

Date July 25 1907

Undertaker Lowe Cook

Address 502 E Fairmount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C 3015 Registered No. B C 3015

CERTIFICATE OF DEATH.

(Place of Death.) No. 1805 Maryland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert H Mather

{ Residence, if in Baltimore, Give Street and Number. } 1805 Maryland Ave.

Duration of Residence in Baltimore. Eight Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE 85. years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Balto County

FULL NAME OF FATHER Walter Martin

BIRTHPLACE OF FATHER (State or country) Harford County

MAIDEN NAME OF MOTHER Nancy Vernay

BIRTHPLACE OF MOTHER (State or country) Harford County

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha E. Martin

(Address) 1805. Maryland Ave

Filed 7/24 1907

BARRY O'NEILL, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 2nd 1904 to July 23rd 1907 that I last saw h-im alive on July 23rd 1907, and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

A Thrombosis

(DURATION) one DAYS

Contributory (Primary.) Paralysis

3 yrs (DURATION) DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 25th St

Date July 24th 1907

Place of Burial Loudon Park

Date July 25/07 1907

Undertaker Gilliam Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3016 Registered No. B C 3016

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 Cumberland St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Emma Frisch

{ Residence, if in Baltimore, Give Street and Number. } 602 Cumberland St

Duration of Residence in Baltimore. Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Nov 19 1906

AGE: 1 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Harry E Frisch

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Agnes B. Gill

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E Frisch

(Address) 602 Cumberland

Filed 7/24 1907

NANCY C. ARDESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 23 1907

that I last saw her alive on July 23 1907,

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 1 DAYS

Contributory (Primary) Exhaustion (DURATION) 1 DAYS

(Signed) Thomas J Talbott M.D.

Address 1701 Eutaw Place

Date July 23 1907

Place of Burial St Peters

Date July 25 1907

Undertaker Geo Cook & Son

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3017

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3017

City of Baltimore, (No. 403, Courtland, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Moylan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem'l | COLOR: White

DATE OF BIRTH: June (Month) 6 (Day) 1907 (Year)

AGE: — years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing'l

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Hugh Moylan

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Dora Edwards

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dora Moylan

(Address) 403 Courtland St

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 23 1907 that I last saw her alive on July 23 1907, and that death occurred, on the date stated above, at 9 00 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 8 DAYS

Contributory Artificial Feeding (DURATION) DAYS

(Signed) H. M. Boring M. D.

7/24 1907 (Address) 834 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: July 25 1907

UNDERTAKER: Wm Cook. | ADDRESS: 502 E 5th

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward.....

C. 3018

Registered No. B C 3018

14 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Benjamin Wise

{Residence, if in Baltimore, Give Street and Number.} 422 W Hoffman St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): —

(Address): —

Filed 7/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 24 1907

that I last saw him alive on July 24 1907

and that death occurred, on the date stated above, at 10 45 M. CAUSE OF DEATH (Secondary or Immediate.)

Amoebic Dysentery

..... (DURATION) ..... DAYS

Con'tributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) F. Nell Griffith M.D.

Address Johns Hopkins Hospital

Date July 24 1907

Place of Burial Lamb's Cemetery

Date July 27 1907

Undertaker D. G. Bishop

Address 4107 Reisterstown Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 3019 Registered No. B C 3019

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. [redacted] 213 N. Spring St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emma Boston

{Residence, if in Baltimore, Give Street and Number.} 213 N. Spring St

Duration of Residence in Baltimore. since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	May 15 1906
AGE	1 years, 2 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Boston
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Boston

(Address) 213 N Spring St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 24 1907 that I last saw h[illegible] alive on July 23 1907, and that death occurred, on the date stated above, at 330 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 9 DAYS

Contributory (Primary.) Chlora Infantum

(DURATION) 9 DAYS

(Signed) M. McNeill M.D.

Address 508 N. Sulsbury St

Date July 24 1907

Place of Burial Asbury C

Date July 25th 1907

Undertaker Mr. D. Jackson

Address 142 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C 3020

Registered No. B C 3020.

CERTIFICATE OF DEATH.

6 4V

(Place of Death.) No. 515 Eoulton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Geekson

{ Residence, if in Baltimore, Give Street and Number. } 515 Eoulton

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: 1	
AGE: 69 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Wplume

(Address) 114 North Schroeder St

Filed 7/25/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 23 1907 that I last saw h in alive on July 23 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) One DAYS

Con'ributory (Primary.) X

(DURATION) DAYS

(Signed) H V Kennedy M.D.

Address 701 W Fayette

Date July 23 1907

Place of Burial National Cemetery

Date July 25 1907

Undertaker Alfred J Freeburger

Address 156 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3021

City of Baltimore, (No. 930 Franklin Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Moses J McCormick

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	March 16th 1849 (Month) (Day) (Year)
AGE	58 years, 4 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widower
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Laurence McCormick
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Bridget Furlong
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Carriage Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Carruth

(Address) 930 Franklin Road

Filed 7/25 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24" 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to July 24th 1907 that I last saw him alive on July 23rd 1907, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis, a sequel of Grippe.

(DURATION) 116 DAYS

Contributory La Grippe.

(DURATION) DAYS

(Signed) John A. Y. Mowat M. D.

July 24 1907 (Address) 606 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	July 26th 1907
UNDERTAKER	ADDRESS
A F Gilbin	1711 Linden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 022 Registered No. B C 3022

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 - W - 28 St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Margaret A. Wells

{ Residence, if in Baltimore, Give Street and Number. } 400 W - 28 St.

Duration of Residence in Baltimore. Whole life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wht

DATE OF BIRTH: Dec 2nd 1905

AGE: 1 year, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto cy.

FULL NAME OF FATHER: Edris S Wells

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Kate Owens

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edris S Wells

(Address) 400 W 28th St

Filed 7/25 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 24 1907

that I last saw her alive on July 24 1907,

and that death occurred, on the date stated above, at 1:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria

(DURATION) 1 DAYS

Contributory (Primary) ? Pneumonia and Asphyxiation (DURATION) 1 DAYS

(Signed) Robert J. Cross M.D.

Address 213 - W - 25 St.

Date July 25 1907

Place of Burial St Marys Cemetery

Date July 25th 1907

Undertaker C & F Wilkins

Address 1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE. 3- P.W.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 3023 Registered No. B C 3023

CERTIFICATE OF DEATH.

(Place of Death.) No. 1036 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna A. Seymour

{ Residence, if in Baltimore, Give Street and Number. } Life

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 1907

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harold K. Seymour

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Regina Fuller

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harold K. Seymour

(Address) 1036 N. Durham

Filed 7/25 1907 HARRY C. ANDREWS, PERFT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23, 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 23 1907 that I last saw her alive on July 23 1907, and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

..... (DURATION) — DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) 1 DAYS

(Signed) John Roth M.D.

Address 2907 Eastern Ave

Date July 24 1907

Place of Burial St. Paul Cemetery

Date July 25 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 3024 — Registered No. B C 3024

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 N Patterson Park Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Mildred Sturm

{Residence, if in Baltimore, Give Street and Number.} 106 N Patterson Park Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: W

DATE OF BIRTH: 1

AGE: ____ years, 3 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William P Sturm

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Kate Smith

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P Sturm

(Address) 106 N Patterson Park Av

Filed 7/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 21 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 21 1907 that I last saw h-- alive on July 21 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Colitis

(DURATION) 3 DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) G G Rand M.D.

Address 2000 E. Balto

Date July 22 1907

Place of Burial Loudon Park.

Date JUL 23 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3025

City of Baltimore, (No. 25, St. Bradford St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martin Andrew Gruntz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ——— years, 3 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph O Gruntz

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ella Hoech

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Gruntz Pt of F

(Address) 25 N Bradford St

Filed 7/25 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 24th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14th 1907 to July 24th 1907 that I last saw him alive on July 24th 1907, and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 5 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) C. P. Sandoz M. D.

July 26th 1907 (Address) 28 Park Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Patricks Cem — DATE OF BURIAL: 26 July 1907

UNDERTAKER: J E Douglas — ADDRESS: 17 S Bradford

WM. J. C. DULANY CO., BALTIMORE.

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151 V

CERTIFICATE OF DEATH.

Registered No. BC 3026

City of Baltimore, (No. 230 N. Gilmor St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Charles N and Rosina W Becker
~~Infant daughter of Mr. & Mrs. Charles N. Becker~~

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White

DATE OF BIRTH: July (Month) 20 (Day) 1907 (Year)

AGE: ____ years, ____ months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Charles N. Becker

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Rosina W. Nikolas

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles G. B. M. D.

(Address) 1111 W. Lanvale St

Filed 7/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 24 1907 that I last saw h alive on July 24 1907, and that death occurred, on the date stated above, at [illegible] P. M. The CAUSE OF DEATH was as follows:

Convulsions (DURATION) 1 DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) Charles G. B. M. D. M. D.

July 24 1907 (Address) 1111 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: July 25 1907

UNDERTAKER: E M Mitchell — ADDRESS: 120 W Fayette St

This child was born prematurely. weighed but 2½ lbs at birth. was ill developed and incapable of carrying on the vital functions.

C. E.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 3027

Registered No. B C 3027

C-3027 **CERTIFICATE OF DEATH.** C-3027

(Place of Death.) No. 3006 Dillon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Langhenrich

{Residence, if in Baltimore, Give Street and Number.} ~~3006~~ 3006 Dillon St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan. 7th 1829
AGE	78 years, 6 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Coachmaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF

(Informant) Lottie Stallings

(Address) 3006 Dillon St

Filed 7/25 1907

HENRY ST. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 23 1907 that I last saw h~~im~~ alive on July 21 1907, and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Endocarditis, (DURATION) ~~Unknown~~ DAYS

Contributory (Primary.) Hemiplegia (DURATION) 2 DAYS

(Signed) M. J. Mowry M.D.

Address 839 S. Caton Ave

Date July 24th 1907

Place of Burial Mt. Carmel Cem.

Date July 25 1907

Undertaker HENRY SANDER & SONS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 3028 Registered No. B C 3028

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 S. Port St. John Skaricich St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Skaricich

{Residence, if in Baltimore, Give Street and Number.} 507 S Port st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 10th 1907

AGE: ..... years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Skaricich

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Helena Zuro

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Skaricich

(Address) 507 S. Port St.

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 2d 1907 to July 23 1907

that I last saw him alive on July 23 1907,

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate.)

acute Enteritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date July 24 1907

Place of Burial Mount Olivet Cem

Date July 25 1907

Undertaker HENRY SANDER & SONS,

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 C 3029 Registered No. B C 3029

CERTIFICATE OF DEATH.

(Place of Death.) No. 1737 Corrington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Frank A Cooke (Grace Hiett)

{Residence, if in Baltimore, Give Street and Number.} 1751 Corrington St

Duration of Residence in Baltimore. life -

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White -
DATE OF BIRTH	July 24 1907
AGE	..... years, ... months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	B C -
FULL NAME OF FATHER	Frank A Cooke
BIRTHPLACE OF FATHER (State or country)	Md -
MAIDEN NAME OF MOTHER	Grace Hiett
BIRTHPLACE OF MOTHER (State or country)	Md -
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A Cooke

(Address) 1737 Corrington

Filed 7/25 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 24 1907 that I last saw her alive on July 24 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Valv. Heart disease

(DURATION) 1 DAYS

Contributory (Primary.) Premature Birth.

(DURATION) DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Linden Ave

Date July 25th 1907

Place of Burial St. Mary's Cemetery

Date July 25 - 1907

Undertaker Horace Burger

Address 3621 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 3030 Registered No. B C 3030

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2117 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Schrister

{Residence, if in Baltimore, Give Street and Number.} 2117 E. Chase St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 28th 1907

AGE ..... years, 1 months, 27 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Michael Schrister

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Josefine Baumgartner

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Schrister

(Address) 2117 E Chase St.

Filed 7/25-07 HARRY C. ANDRES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1907

I HEREBY CERTIFY, That I attended deceased from July 8th 1907 to July 25th 1907

that I last saw him alive on July 24th 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition and Exhaustion

(DURATION) 17 DAYS

Contributory (Primary.) Ileo Colitis

(DURATION) 17 DAYS

(Signed) Albert F. Bruwald M.D.

Address 1202 N. Patterson Park Ave.

Date July 25th 1907

Place of Burial At Greenlawn Cemetery

Date July 26th 1907

Undertaker J. Bertram Bolton

Address 1723 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward C. M. 1.

C 3031 Registered No. B. C 3031

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James T. Hamer.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	C

DATE OF BIRTH 1

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Kent Co. Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lester Holly

(Address) BAY VIEW ASYLUM

Filed 7/25 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd. 1907

I HEREBY CERTIFY, That I attended deceased from June 18th 1907 to July 23rd 1907

that I last saw h im alive on July 23rd 1907,

and that death occurred, on the date stated above, at 6 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Aortic Regurgitation.

Inspection from Amputation left leg.

..... (DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis of Knee.

..... (DURATION) ..... DAYS

(Signed) R R Nowick M.D.

Address Bay View Hosp.

Date July 23rd 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 24 1907 190

Undertaker William H Woodall

Address 1812 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

179

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 3032

Ward 14 Registered No. B C 3032

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. St. Vincents Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Jones

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: ..... 190?	
AGE: ..... years, ... months, 9 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/25 190? HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 190?

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P Martin M.D.

Address .....

Date July 24 190?

Place of Burial New Cathedral

Date July 25th 190?

Undertaker Martin Fahey & Sons

Address 16 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 3033 Registered No. B C 3033

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. St. Vincents Ind Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edw Burns

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/25 1907 HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Exanthem

Life

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) P J Martin M.D.

Address .....

Date July 24 1907

Place of Burial New Cathedral

Date July 25th 1907

Undertaker Hartnett Fahey & Lucas

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

C 3034

Registered No. B C 3034

CERTIFICATE OF DEATH.

1516

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ann Grant

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH 1907

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R. K. Martin M.D.

Address .....

Date July 24 1907

Place of Burial New Cathedral

Date July 25th 1907

Undertaker Martin Vahey & Sons

Address 666 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 3035 — Registered No. B C 3035

1516

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Harriet Koch

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infnt. Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 2 | COLOR W

DATE OF BIRTH 1907

AGE ..... years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy

Filed 7/25 1907 — HARRY C. ANDREWS PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

Life

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) P. F. Martin M.D.

Address .....

Date July 24 1907

Place of Burial New Cathedral

Date July 25th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from notice, to furnish within ***eighteen hours*** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 3036 Registered No. B C 3036

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Monument St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edwin C. Schaffer

{ Residence, if in Baltimore, Give Street and Number. } 716 Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Chappell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ossie Scott

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Ossie Scott

(Address) 716 Monument alley

Filed 7/25/7 MARY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h.... alive on ..... 190 ....,

and that death occurred, on the date stated above, at 8.30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden)

(DURATION) .... DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Joseph Carmichael M.D.

Address Coroners Med

Date July 24-07 190

Place of Burial Laurel

Date July 25 190 7

Undertaker R. A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 3037 Registered No. B C 3037

CERTIFICATE OF DEATH.

(Place of Death.) No. 350 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Herbert Coleman

{Residence, if in Baltimore, Give Street and Number.} 350 S. Calhoun St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 25th 1906

AGE: — years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Geo Herbert Coleman

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Carolina Stultz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carolina Coleman

(Address) 350 S. Calhoun St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1907

I HEREBY CERTIFY, That I attended deceased from July 7th 1907 to July 24th 1907 that I last saw h[illegible] alive on July 24th 1907 and that death occurred, on the date stated above, at 3.25 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'ributory (Primary.) Cholera Infantum (Cutting) (DURATION) 15 DAYS

(Signed) W. Blaney M.D.

Address 1103 S. Gilmor St.

Date July 24th 1907

Place of Burial Western Cemetery

Date July 25th 1907

Undertaker Jos. Stumpfeldt

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 25 C 3038 Registered No. B C 3038

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 Peach Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August J. Lettan

{Residence, if in Baltimore, Give Street and Number.} 1124 Beach alley

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 29th 1827

AGE: 80 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: August Lettan

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tobacconist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernst Lettan

(Address) 223 E. Hamburg St.

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 24 1907 that I last saw him alive on July 24 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Toxemia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover St

Date July 29 1907

Place of Burial Western Cemetery

Date July 28th 1907

Undertaker Jos. Stentebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3039

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3039

City of Baltimore, (No. 116, W. Clement St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Annie Gunther

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 18 1869 (Month) (Day) (Year)

AGE: 38 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: August Simon

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Lentz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph Gunther

(Address) 116 W Clement

Filed 7/25 1907

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 24 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 24 1907 that I last saw her alive on July 24 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Puerperal Septicaemia

(DURATION) 8 DAYS

Contributory

(DURATION) DAYS

(Signed) J. H. Cushard M. D.

July 26 1907 (Address) 1303 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: July 27 1907

UNDERTAKER: Jos. Stantalick

ADDRESS: 1318 Light

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 3040 Registered No. B C 3040

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 Fruxton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen J Gemmill

{Residence, if in Baltimore, Give Street and Number.} 604 Fruxton St-

Duration of Residence in Baltimore. 10 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Sep 7 - 1906

AGE: ~~F~~ years, 10 months, ~~2~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md.

FULL NAME OF FATHER: Harris V Gemmill

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Montes

BIRTHPLACE OF MOTHER (State or country): York Co Pa

OCCUPATION OF DECEASED: none -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H V Gemmill

(Address) 604 Fruxton St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 24 1907 that I last saw h~~er~~ alive on July 24 1907, and that death occurred, on the date stated above, at 1.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions + asphyxia

(DURATION) 5 hrs DAYS

Contributory (Primary.) Acute entero-colitis

(DURATION) 3 DAYS

(Signed) Bernard Wess M.D.

Address 825 E Chase St

Date July 24 1907

Place of Burial Shrewsbury York Co Pa

Date July 26 1907

Undertaker Wm Cook

Address 526 E Northam

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C 3041 Registered No. B C 3041

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 N Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathan A Hammond

{Residence, if in Baltimore, Give Street and Number.} 824 N Stricker

Duration of Residence in Baltimore. 56 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Co.

FULL NAME OF FATHER: Nathan Hammond

BIRTHPLACE OF FATHER (State or country): Frederick Co

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecelia Hammond

(Address) 824 N. Stricker

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 25th day July 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to July 25 1907 that I last saw him alive on July 24 1907 and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 20 DAYS

Contributory (Primary.) Bright's Disease of Kidneys (DURATION) Some Yrs

(Signed) Richard Gatch M.D.

Address 914 N Charles St

Date July 25. 1907

Place of Burial Greenmount

Date July 28. 1907

Undertaker Lowe Coast

Address 502 E Madison.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 3042 Registered No. B C 3042

CERTIFICATE OF DEATH.

(Place of Death.) No. 1904 Boone St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Knowles

{ Residence, if in Baltimore, Give Street and Number. } 1904 Boone St

Duration of Residence in Baltimore. 45 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: —— 1 ——

AGE: 89 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John Knowles

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert W Knowles

(Address) 1904 Boone St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to July 24 1907 that I last saw her alive on July 24 1907 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age
Heart failure

(DURATION) — DAYS

Contributory (Primary.) Fractured Hip

(DURATION) 70 DAYS

(Signed) Edmund Glenn M.D.

Address 316 E. Fork Ave

Date July 25 1907

Place of Burial Balto. Cem

Date July 26 1907

Undertaker Wm Cook

Address 502 E Fairmount

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 3043 Registered No. B C 3043

CERTIFICATE OF DEATH.

(Place of Death.) No. 300 Albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Germani

{Residence, if in Baltimore, Give Street and Number.} 300 Albemarle st.

Duration of Residence in Baltimore. 6 mo's.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 10 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER Batiste Germani

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. C. Roberto

(Address) 217 President St.

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 24 1907 that I last saw her alive on July 24 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia 23 days
Mal-nutrition
Enteritis (DURATION) 7 DAYS

Contributory (Primary.)
Asthenia (DURATION) 2 DAYS

(Signed) Anthony L. Robolotti M.D.

Address 827 Ausquith St

Date July 25th 1907

Place of Burial St. Vincent Cem.

Date July 26th 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

C 3044

Registered No. B C 3044

CERTIFICATE OF DEATH.

(Place of Death.) No. 630 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie J. M. Gray

{Residence, if in Baltimore, Give Street and Number.} 630 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar 5th 1840

AGE: 67 years, 4 months, 18 days

~~SINGLE, MARRIED,~~ WIDOWED ~~, OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Yearley

(Address) 680 N. Broadway

Filed 7/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUL 23 1907 190

I HEREBY CERTIFY, That I attended deceased from July 22nd 1907 to July 28th 1907

that I last saw h-r alive on July 28th 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 1 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) Elijah J. Russell M.D.

Address 1423 N Broadway

Date JUL 24 1907 190

Place of Burial Greenmount. Cem.

Date JUL 26 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 3045 Registered No. B C 3045

CERTIFICATE OF DEATH.

(Place of Death.) No. 1321 N Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret F. Driscoll

{Residence, if in Baltimore, Give Street and Number.} 1321 N Calvert St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER Dennis Driscoll

BIRTHPLACE OF FATHER (State or country) Richmond, Va.

MAIDEN NAME OF MOTHER Johanna Barry

BIRTHPLACE OF MOTHER (State or country) Richmond Va

OCCUPATION OF DECEASED Storekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 7/25 1907 MOSES O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from May 1906 to July 23 1907 that I last saw h[illegible] alive on June 20th 1907 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Abdominal Dropsy

(DURATION) 2 years

Contributory (Primary.)

(DURATION) DAYS

(Signed) C E Bloser M.D.

Address 1507 E Baltimore St

Date July 26th 1907

Place of Burial New Cathedral

Date July 26 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 3046 Registered No. B C 3046

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 809 Leadenhall St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name James Wilbur Hayes 6

{Residence, if in Baltimore, Give Street and Number.} 809 Leadenhall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: August 22 1906

AGE: ....years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James A Hayes 6

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Lillie B Wesley 6

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Hayes 6 Father

(Address) 142 W Hill St

Filed 1/25" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at 5. P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

....(DURATION)....DAYS

Contributory (Primary.)

....(DURATION)....DAYS

(Signed) Otto Leinhardt M.D.

Address Coroner

Date July 25 1907

Place of Burial Mt. Auburn

Date July 26 1907

Undertaker John H. Toadvine

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

662

CERTIFICATE OF DEATH.

General German Aged Home Registered No. B C 3047

City of Baltimore, (No. Baltimore & Payson St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edmunde Marzuch (Marzuck)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH April 28 (Month) (Day) 1833 Year)

AGE 74 years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Lapman Kst Preussen

FULL NAME OF FATHER Christoph Rubech

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Records of the German Home

(Address) 1 B Baltimore St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18th 1907 to July 23 1907 that I last saw h er alive on July 23 1907, and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Paralytic stroke.

(DURATION) 5 DAYS

Contributory Diarrhoea

(DURATION) 3 DAYS

(Signed) Theo Reinhardt M. D.

July 24 1907 (Address) 1400 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western

DATE OF BURIAL July 25 1907

UNDERTAKER J. R. Cook

ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 3048 Registered No. B C 3048

CERTIFICATE OF DEATH.

(Place of Death.) No. 1312 Kuper Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklin A. Murphy

{ Residence, if in Baltimore, Give Street and Number. } 1312 Kuper Place

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Dec 16, 1906

AGE ..... years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Michael J. Murphy.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Pfeifer

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J. Murphy

(Address) 1312 Kuper Place.

Filed 7/25 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25, 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to July 25 1907 that I last saw h.. alive on July 25 1907, and that death occurred, on the date stated above, at 4.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary) ——

(DURATION) DAYS

(Signed) M. A. O'Neill M.D.

Address 1315 Hollins St.

Date July 25 1907

Place of Burial Baltimore

Date July 27 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within *eighteen hours* attended during his or her last sickness, or the Coroner, when the case comes under his *hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, so far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 C 3049 Registered No. B C 3049

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 Dawson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna C. Thomas

{ Residence, if in Baltimore, Give Street and Number. } 218 Dawson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct 3 1906

AGE: 9 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Thomas

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Mary Hawkins

BIRTHPLACE OF MOTHER (State or country): Howard Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hawkins

(Address) 210 Dawson

Filed 7/25 1907 HARRY J. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 23 1907 that I last saw h-- alive on July 23 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) F. C. Smith M.D.

Address 1313 W. Lanvale

Date July 24th 1907

Place of Burial Mt Jerusalem Cemetery

Date July 25 1907

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 3050 Registered No. B C 3050

CERTIFICATE OF DEATH.

(Place of Death.) No. 1737 Regester Court St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lillie Thompson

{Residence, if in Baltimore, Give Street and Number.} 1737 Regester Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR NB

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Thompson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Elise Nelson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elise Nelson

(Address) 1737 Regester ct

Filed 7/25 1907 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 520 P M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) R S K Cummins M.D.

Address Coroners Office

Date July 23 1907

Place of Burial Laurel Cemetery

Date July 25 1907

Undertaker R St A Elliott

Address 506 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 3051

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3051

Registered No. B

City of Baltimore, (No. 1419 n Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josh abrams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Colored

DATE OF BIRTH: (Month) Sept (Day) Sunday 1 1906 (Year)

AGE: — years, 10 months, ~~10~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: George Abrams

BIRTHPLACE OF FATHER (State or country): Calvert Co

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Calvert Co

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. H. Wilson

(Address) 1419 Bruce St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July. (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 24 1907 that I last saw h— alive on July 24 1907, and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Dentition

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. Thomas Dulany M. D.

July 24 1907 (Address) 1300 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Ant auburn — DATE OF BURIAL: July 26 1907

UNDERTAKER: Wm J Johnson — ADDRESS: 644 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

C 3052 Registered No. B C 3052

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 Whatcoat St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Myrtle Elizabeth Matthews

{Residence, if in Baltimore, Give Street and Number.} 1219 Whatcoat St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH Nov. 6. 1906.

AGE — years, 8 months, 19 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Joseph Matthews.

BIRTHPLACE OF FATHER (State or country) Howard Co. Md.

MAIDEN NAME OF MOTHER Fanny. Hill.

BIRTHPLACE OF MOTHER (State or country) Pikesville Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George C. Shannon M.D.

(Address) 1442 Pressman St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to July 24 1907

that I last saw her alive on July 24 1907

and that death occurred, on the date stated above, at 9:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum.

(DURATION) — DAYS

Contributory (Primary.) Dentition.

(DURATION) — DAYS

(Signed) George C. Shannon M.D.

Address 1442 Pressman St

Date July 24 1907

Place of Burial Mt Auburn

Date July 26 1907

Undertaker Wm J. Johnson

Address 614 Baker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

C 3053

Registered No. B C 3053

CERTIFICATE OF DEATH.

105 ✓

(Place of Death.) No. 512 N. Patterson Park Ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christian J. Yeager

{Residence, if in Baltimore, Give Street and Number.} 512 N. Patterson Park Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 6th 1906

AGE: ... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Otto Yeager

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Lillie May Cook

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Yeager

(Address) 512 N. Patterson Park Ave

Filed 7/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 25 1907

that I last saw him alive on July 25 1907 8.30 A. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary) Intestinal intution

(DURATION) DAYS

(Signed) Samuel J. King M.D.

Address 443 N Patterson Park Ave

Date July 25 1907

Place of Burial Greenmount Cemetary

Date July 26th 1907

Undertaker Christian Miller

Address 2334 Jefferson st,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3054 Registered No. B C 3054

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 N Calhoun St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Nicholson Willis

{Residence, if in Baltimore, Give Street and Number.} # 10 N Calhoun St

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH March 1 18[illegible]0

AGE 67 years, 4 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Boundley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Henrietta Nicholson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geneva Willis

(Address) 10 N Calhoun St.

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased July 15 1907 to July 23 1907 that I last saw her alive on July 23 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Womb

(DURATION) One year

Contributory (Primary.) I cannot say

& Kidney & Stomach (DURATION) [illegible] DAYS

(Signed) J. E. Lanthaeum M.D.

Address 1327 W Fayette St

Date Buried July 23. 1907

Place of Burial Mt. Olivet

Date July 26 1907

Undertaker Chas. E. Fraser

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3055 Registered No. B C 3055

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 N. Rose St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis H. G. Braun

{Residence, if in Baltimore, Give Street and Number.} 405 N. Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb 24/07 1
AGE	~ years, 5 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wm Braun
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Johanna Brosasky
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Braun

(Address) 405 N. Rose

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1907

I HEREBY CERTIFY, That I attended deceased from July 24th 1907 to July 25th 1907

that I last saw h[illegible] alive on July 24th 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

about one day (DURATION) DAYS

Contributory (Primary.) Cholera infantum

about five days (DURATION) DAYS

(Signed) Fredk A. Conradi M.D.

Address 1241 E. Baltimore St.

Date July 25th 1907.

Place of Burial St. Paul Cem

Date 7/26/07 190

Undertaker J. Herring & Son

Address 2008 Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3056 Registered No. B C 3056

CERTIFICATE OF DEATH.

(Place of Death.) No. Light St Dam Bridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Herbert Lotz

{ Residence, if in Baltimore, Give Street and Number. } 1539 Marshall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 31. 1887
AGE	9 years, 11 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John Robt Lotz.
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Mary E Powers
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Lotz mother

(Address) 1539 Marshall St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date July 25 1907

Place of Burial London Park Cemetery

Date July 27 1907

Undertaker Edw. J Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 3057 Registered No. B C 3057

CERTIFICATE OF DEATH.

(Place of Death.) No. 318 SE Hamburg St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Myrtle Rmark

{Residence, if in Baltimore, Give Street and Number.} 318 SE Hamburg

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 2 1892

AGE: 15 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles P. Rmark

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Sarah J. Colwell

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles P. Rmark

(Address) 318 SE Hamburg St

Filed 7/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 20th 1907 to July 23rd 1907

that I last saw h[illegible] alive on July 23 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Sheptococcus Septicaemia

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date July 24th 1907

Place of Burial Cedar Hill Cemetery

Date July 26 1907

Undertaker Edw. I Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6th C 3058 Registered No. B C 3058

14 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Diggs

{Residence, if in Baltimore, Give Street and Number.} 1152 Hargrave alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/25" 1907 Registrar

HARRY C. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from May 6. 1907 to July 24. 1907

that I last saw her alive on July 24 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Ex Laus tion

(DURATION) DAYS

Con'tributory (Primary.) Dysentary, ex

Insanity (DURATION) DAYS

(Signed) N. M. Owens Jr M.D.

Address Bay View Asylum

Date 190

Place of Burial Towson Md

Date July 26th 1907

Undertaker Chas G Bailey

Address 1421 Jefferson Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11+ C 3059 Registered No. B C 3059

CERTIFICATE OF DEATH. 33

(Place of Death.) No. University Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name W. J. Pumphrey

{Residence, if in Baltimore, Give Street and Number.} Benfield. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 15 1870
AGE	37 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	O. A. Co.
FULL NAME OF FATHER	Walter J Pumphrey
BIRTHPLACE OF FATHER (State or country)	A. A. Co
MAIDEN NAME OF MOTHER	- - - - - -
BIRTHPLACE OF MOTHER (State or country)	- - - - - -
OCCUPATION OF DECEASED	- - - - - -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Pumphrey

(Address)

Filed 7/26 1907 Registrar

HARRY O. ANDERSON PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from 7/6 1907 to 7-26 1907 that I last saw him alive on July 25 1907, and that death occurred, on the date stated above, at 12 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Tuberculosis~~ Cardiac Asthenia

10 hrs (DURATION) DAYS

Contributory (Primary.) Tuberculous Enteritis & Tuberculosis of Kidneys (DURATION) DAYS

(Signed) R W. Crawford M.D.

Address University Hospital

Date July 25 1907

Place of Burial Elysian A. A. Co

Date July 26 1907

Undertaker Cemetery Denny Co

Address 715 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3060 Registered No. B C 3060

CERTIFICATE OF DEATH.

1056

(Place of Death.) No. 1603 Presbury St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lesley Welling.

{Residence, if in Baltimore, Give Street and Number.} 1603 Presbury St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 25 1907

AGE — years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Clinton Welling

BIRTHPLACE OF FATHER (State or country) Carroll Co Md.

MAIDEN NAME OF MOTHER Mabe Stansberry

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clinton G Welling

(Address) 1603 Presbury St.

Filed 7/26 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 25 1907 that I last saw ~~him~~ alive on July 25 1907, and that death occurred, on the date stated above, at 2 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.) Dentition

(DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman St

Date July 25 1907

Place of Burial Lorraine Cemetery

Date July 26 1907

Undertaker W. Maurice Routson

Address 230 N Greene St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C 3061

Registered No. B C 3061

1054

CERTIFICATE OF DEATH

(Place of Death.) No. 312 Jefferson St Homestead St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma A Parish

{ Residence, if in Baltimore, Give Street and Number. } 312 Jefferson St Homestead

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 5 1906

AGE: ____ years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Not known Illegitimate Child

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Bessie Parrish

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother - Bessie Parrish

(Address) 312 Jefferson St Homestead

Filed 7/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 24 1907

that I last saw her alive on July 24 1907

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

6 days (DURATION) DAYS

Contributory (Primary.) ____ (DURATION) ____ DAYS

(Signed) H. Jones Westbrook M.D.

Address 237 Sandusky ave

Date July 24 1907

Place of Burial Balto Co.

Date July 27 1907

Undertaker Wm Cook

Address 1502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 3062 Registered No. B C 3062

CERTIFICATE OF DEATH.

(Place of Death.) No. 2109 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Upshur Welbourne Mabb

{Residence, if in Baltimore, Give Street and Number.} 2109 Guilford Ave,

Duration of Residence in Baltimore. 21 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 26 1886

AGE: 21 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: A Upshur Mabb

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Florida Welbourne

BIRTHPLACE OF MOTHER (State or country): Snow Hill Md

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Florida Mabb

(Address) 2109 Guilford ave

Filed 7/26/07 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 25 July 1907

I HEREBY CERTIFY, That I attended deceased from 1 Dec 1906 to 23 July 1907

that I last saw him alive on 26 " 1907

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Tuberculosis

Four years (DURATION) — DAYS

Con'tributory (Primary.) Diarrhoea

Nine Mos (DURATION) — DAYS

(Signed) E. Fowble Mole M.D.

Address 1007 W. Fairmount Ave

Date 25 July 1907

Place of Burial Mt. Olivet Cemetery

Date July 26 1907

Undertaker Stuart Thowen Co,

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 3063 Registered No. B C 3063

CERTIFICATE OF DEATH.

(Place of Death.) No. 800 Willow St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Healy

{Residence, if in Baltimore, Give Street and Number.} 800 Willow St

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH 1

AGE 40 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Halfpenny

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Hanrahan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas J. Healy

(Address) 800 Willow St

Filed 7/26/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

..... General Anasarca

..... (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carmen M.D.

Address Coroners Office

Date July 24-07 190

Place of Burial Cathedral

Date July 27 1907

Undertaker H. C. Windfield

Address 914 Greenmt. Ave

Ward 1

Registered No. B C 3064

C 3064

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 923 Shuter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Sadilek

{Residence, if in Baltimore, Give Street and Number.} 923 Shuter St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph F. Sadilek

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Marie Zeffa

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Sadilek

(Address) 923 Shuter St.

Filed 7/26 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25-4 1907

I HEREBY CERTIFY, That I attended deceased from July 20-4 1907 to July 25-4 1907 that I last saw h.. alive on July 22-4 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 hrs DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 5 DAYS

(Signed) Chas. B. Fisher M.D.

Address 830 N. Broadway

Date July 25-4 1907

Place of Burial St Vincents ~~City Cemetery~~

Date July 26 1907

Undertaker Frank Brach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3065 Registered No. B C 3065

CERTIFICATE OF DEATH. 190✓

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Roensphies

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: April 20th 1829

AGE: 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Martin Rosenspies

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25th 1907

I HEREBY CERTIFY, That I attended deceased from to record 190 to 190

that I last saw h.. alive on July 24 1907

and that death occurred, on the date stated above, at 4.35 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

Senility (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley ✓

Date July 25 1907

Place of Burial Holy Redeemer Cem.

Date July 27 1907

Undertaker Christian Miller.

Address 2334 Jefferson Street.

✓

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3066

City of Baltimore, (No. 1021, 8 Paca St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elenora Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	July (Month) 13 (Day) 1906 (Year)
AGE	1 years, months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Chas M Davis
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Elenor M Price
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo R Graham

(Address) 725 Columbia ave

Filed 7/26 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 25 1907 that I last saw her alive on July 24 1907, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Meningitis, Cerbral

(DURATION) 10 DAYS

Contributory Cholera Infantum

(DURATION) 13 DAYS

(Signed) Leo R Graham M. D.

July 25 1907 (Address) 725 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	July 27 1907
UNDERTAKER	ADDRESS
E Schlosman & Son	1034 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24

C 3067

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1452 Boyle St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Lohoefer

{Residence, if in Baltimore, Give Street and Number.} Life 1452 Boyle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 19 1906

AGE: ..... years, 14 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Lohoefer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lena Gerke

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Lohoefer

(Address) 1452 Boyle St

Filed 7/26 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907.

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 24 1907

that I last saw him alive on July 24 1907.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 2 DAYS

(Signed) E. Judson Millen M.D.

Address 2029 W. Baltimore

Date July 25 1907

Place of Burial Mt. Evergreen Cem

Date July 26 1907

Undertaker H. Sands & Sons

Address 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 3068 Registered No. B C 3068

159 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Heinrich Osterlandt

{ Residence, if in Baltimore, Give Street and Number. } 1622 Aisland Ave

Duration of Residence in Baltimore. 57 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH Oct. 18th 1835

AGE 71 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Barney

(Address) 1622 Aisland Ave.

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9.50 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jesse Cullen M.D.

Address Coroners Office

Date July 25 — 07 190

Place of Burial Md. Colored Cemetery

Date July 27 190

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

C 3069

Registered No. B C 3069

CERTIFICATE OF DEATH.

(Place of Death.) No. 1730 N Chester St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Frank

{ Residence, if in Baltimore, Give Street and Number. } 1730 N Chester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 27 1838

AGE 53 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frederick Frank

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Smith

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Frank

(Address) 1730 N. Chester St

Filed 7/26 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 24 9 am 1907 to July 24 2 p.m. 1907

that I last saw him alive on July 24 1907,

and that death occurred, on the date stated above, at 2 p. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

One (DURATION) One DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Wm F. Wilson M.D.

Address 5 N Gilmor

Date July 25 1907

Place of Burial Baltimore Cemetery

Date July 26" 1907

Undertaker H Landau & Son

Address 1710 Canton Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 — C 3070 — Registered No. B C 3070

2D V

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 So. Ann St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Walter P. Nelson

{Residence, if in Baltimore, Give Street and Number.} 14 S. Ann

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	November 22nd 1900
AGE	7 years, 8 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Peter Nelson
BIRTHPLACE OF FATHER (State or country)	Sweden
MAIDEN NAME OF MOTHER	Katie Lotz
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Nelson

(Address) 14 S. Ann St.

Filed 7/26 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25, 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 25 1907 that I last saw h.. alive on July 24 1907, and that death occurred, on the date stated above, at 8 66 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Peritonitis - Septic

(DURATION) 2 DAYS

Contributory (Primary.) Ulceration and Suppuration of Nates (DURATION) 16 DAYS

(Signed) Geo. L. Perkins M.D.

Address 6 N. Broadway

Date July 25 1907

Place of Burial Emanuel Cem

Date July 27 1907

Undertaker H. Sanders Sons

Address 1710 Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 3071 Registered No. B C 3071

105 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 Belair ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lydia H Lind

{ Residence, if in Baltimore, Give Street and Number. } 8 Belair ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 28th 1907

AGE: ..... years, 5 months, 28 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Lind

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Dora Mallon

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Lind Father.

(Address) No 8 Belair ave Ext

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 26 1907 that I last saw her alive on July 25 1907, and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Summer Diarrhoea + Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J. Walsh M.D.

Address 5 W Preston

Date July 26 1907

Place of Burial Baltimore Cemetery

Date July 28th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 3072 Registered No. B C 3072

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2410 E Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Elizabeth

Full Name William Jacobs

{ Residence, if in Baltimore, Give Street and Number. } 2410 E. Lafayette Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 18 - 1906

AGE ..... years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William M Jacobs

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sophia Zisselsberg

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William M Jacobs

(Address) 2410 E Lafayette Ave

Filed 7/26 1907 HARRY C. [illegible], CITY REGISTER CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 23 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 23 1907 that I last saw her alive on July 23 1907, and that death occurred, on the date stated above, at 10.30 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

B (DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry M Weisfarth M.D.

Address # 2 N North Ave

Date July 24 1907

Place of Burial London Park

Date July 27 1907

Undertaker Jacob Abrams & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 3073 — Registered No. B C 3073

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 S Canton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T. Connor.

{ Residence, if in Baltimore, Give Street and Number. } 802 S Canton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 27th 1906

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thomas J. Connor

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Wellzetta Larkin

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Connor.

(Address) 802 S Canton St.

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 23rd 1907 to July 26 1907 that I last saw him alive on July 25 1907, and that death occurred, on the date stated above, at 6.25 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 6 DAYS

Contributory (Primary.) asthenia (DURATION) 2 DAYS

(Signed) Wm. J. McAvoy M.D.

Address 839 S. Canton St.

Date July 26 1907

Place of Burial New Cathedral Cemetery

Date July 27th 1907

Undertaker Germanus Franck

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3074 Registered No. B C 3074

105 V

708 Enson St CERTIFICATE OF DEATH.

(Place of Death.) No. ~~1050 Fulton~~ 708 Enson St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary E Stanley

{Residence, if in Baltimore, Give Street and Number.} 1050 N Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 14th September 1906

AGE ..... years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James Oliver Stanley

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Lillian Kennard

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Oliver Stanley

(Address) 1050 N. Durham St.

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 25 1907

that I last saw h— alive on July 25 1907

and that death occurred, on the date stated above, at 7.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Continued

(DURATION) 5 DAYS

Contributory (Primary.) Heart

(DURATION) 5 DAYS

(Signed) Dr G W Kennard M.D.

Address 705 Edmondson Ave

Date July 25 1907

Place of Burial Laurel

Date July 27 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 3075

Ward 6 C [redacted] Registered No. B C [redacted]

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Lee Driggs

{Residence, if in Baltimore, Give Street and Number.} 427 N Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Porter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 — 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 25 1907

that I last saw him alive on July 25 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 7 DAYS

Contributory (Primary) Heart failure (DURATION) DAYS

(Signed) D H Taken M.D.

Address City Hospital

Date July 25 — 1907

Place of Burial Laurel

Date July 27 — 1907

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 3076 Registered No. B C 3076

CERTIFICATE OF DEATH.

(Place of Death.) No. 1723 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian F Brooks

{Residence, if in Baltimore, Give Street and Number.} 1723 Druid Hill ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: 1	
AGE: years, 2 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	— —
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	William Brooks
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Fanna Brooks
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	— —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. D. P. Sullivan

(Address) 1723 Druid Hill ave

Filed 7/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h ..... alive on ..... 190.. and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis Infantum

(DURATION) 4 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo Baldwin M.D.

Address 700 Laz. av. (Comm.)

Date July 26th 1907

Place of Burial Mount Auburn

Date July 26 1907

Undertaker J. H. Owens & Son

Address 1122 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 3077 — Registered No. B C 3077

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Gould

{ Residence, if in Baltimore, Give Street and Number. } Point Isabel Md.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Unknown 1—

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 7/26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to July 24 1907

that I last saw him alive on July 24 1907

and that death occurred, on the date stated above, at 1.30 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) 30 DAYS

Contributory (Primary.) Septicaemia (DURATION) — DAYS

(Signed) H. H. Eskew M.D.

Address City Hospital

Date July 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 25 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

179

Ward 17

C 3078

Registered No. B C 3078

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 - East 23 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Garace Pinkney

{Residence, if in Baltimore, Give Street and Number.} 420 - East 23 St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: Colored

DATE OF BIRTH: May 15 1907

AGE: 2 months ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 420 23 St

FULL NAME OF FATHER: Gorson Gorson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Stella Pinkett

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible] Slater

(Address) 420 23 St

Filed 7/26 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 24 1907

that I last saw h[illegible] alive on July 24 1907

and that death occurred, on the date stated above, at 9.30

11. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. G. Schmidt M.D.

Address 424 - East 23 St

Date July 25, 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 25 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and date of death.*** deceased, and the ***cause and condition*** (whether married or single) of the person

17

Ward V C 3079 Registered No. B C 3079

67 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adolph Sowman

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: about years, 30 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/26 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

179

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24. 1907

I HEREBY CERTIFY, That I attended deceased from Feby 2. 1907 to July 24. 1907

that I last saw him alive on July 24. 1907,

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis

(DURATION) 17 DAYS

Con'tributory (Primary.) Gangrene Senile

(DURATION) 3 Hrs

(Signed) H M Cummins M.D.

Address Bay View Asylum

Date July 24. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 25 1907 190

Undertaker Wilson H Woodus

Address 812 Aisken St.

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

179

Ward 12

Registered No. B C 3080

C 3080

CERTIFICATE OF DEATH.

105 v

(Place of Death.) No. 403 E. 24th St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Beatrice Kaufmann

{ Residence, if in Baltimore, Give Street and Number. } 403 E. 24th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH August 17th 1906

AGE ..... years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fred. J. Kaufmann

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Cora E. Windsor

BIRTHPLACE OF MOTHER (State or country) Normanville Pa

OCCUPATION OF DECEASED ~~Infant~~ None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 403 E 24th St.

Filed 7/26/07 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 24th 1907 that I last saw h[illegible] alive on July 24 1907 and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Toxaemia

Due to Cholera

Infantum or enteritis Septic Gastro-Enteritis (DURATION) 7 DAYS

Contributory (Primary.) Edema of Larynx and Convulsions (DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date July 24 1907

Place of Burial Holy Redeemer Cemetery

Date July 26 1907

Undertaker Henry Stockslager

Address 130 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3081

City of Baltimore, (No. 15 S. Smallwood St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothy G. Hauf

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 25th (Day) 1907 (Year)

AGE: 1 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: George A. Hauf

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Helen M. Bowan

BIRTHPLACE OF MOTHER (State or country): Balto city

OCCUPATION OF DECEASED: /

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George A. Hauf

(Address) 15 S. Smallwood st

Filed 7/26 1907

BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4th 1907 to July 25 1907

that I last saw h alive on July 25 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 21 DAYS

Contributory Asthenia

(DURATION) 7 DAYS

(Signed) E. McKean M. D.

July 25 1907 (Address) 528 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: July 27 1907

UNDERTAKER: F. A. Kranse & Bro

ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Ward 25 — C 3082 — Registered No. B C 3082

CERTIFICATE OF DEATH.

1047

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Rode

{Residence, if in Baltimore, Give Street and Number.} 3 E Rondell st

Duration of Residence in Baltimore. 26 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1851

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25. 1907

I HEREBY CERTIFY, That I attended deceased from June 1. 1904 to July 25 1907 that I last saw her alive on July 25. 1907 and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Indigestion

(DURATION) /## DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Cummings M.D.

Address Bay View Asylum

Date July 25, 1907

Place of Burial Trinity Cemetery

Date July 27 1907

Undertaker F. A. Kranse & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

(If Death occurred in Hospital or Institution, give its Name, Sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.)

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 3083 — Registered No. B C 3083

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Kelly

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH	May 21st 1906
AGE	1 years, 2 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/26 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 25 1907 that I last saw h alive on 1907 and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Entero - Colitis.

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address

Date July 26 1907

Place of Burial Mercy Cathedral

Date July 26 1907

Undertaker Martin Dahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 3084 Registered No. B C 3084

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. St Vincent Infant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Baby Natale

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1907

AGE: ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 7/26 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P. J. Martin M.D.

Address .....

Date July 25 1907

Place of Burial New Cathedral

Date July 26th 1907

Undertaker Martin Gahan & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 3085 Registered No. B C 3085

CERTIFICATE OF DEATH.

15/V

(Place of Death.) No. St. Vincents Inf. Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Dinsmore

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf Asy'l

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH 1907

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 7/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 26 1907

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date July 26 1907

Place of Burial New Cathedral

Date July 26th 1907

Undertaker Martin Drahey & Lowe

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 3086 Registered No. B C 3086

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1529 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Szeliga

{Residence, if in Baltimore, Give Street and Number.} # 1529 Lancaster St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md

FULL NAME OF FATHER: Adam Szeliga

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Barbara Burkowska

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Szeliga.

(Address) 1529 Lancaster St

Filed 7/26 1907

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 25 1907 that I last saw her alive on July 25 1907 and that death occurred, on the date stated above, at 6½ P. M. CAUSE OF DEATH (Secondary or Immediate

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date July 26th, 1907

Place of Burial Holy Rosary.

Date Friday July 26" 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 3087 Registered No. B C 3087

CERTIFICATE OF DEATH. 1204

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Lowney

{ Residence, if in Baltimore, Give Street and Number. } 7 York St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Stapleton

(Address) 216 N. Caroline St.

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1907

I HEREBY CERTIFY, That I attended deceased from Before 190 to — 190

that I last saw him alive on — 190

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

— (DURATION) — DAYS

Contributory (Primary.) —

— (DURATION) — DAYS

(Signed) B. S. Stapleton M.D.

Address 1216 N. Caroline St

Date July 26 1907

Place of Burial JOHNS HOPKINS HOSPITAL JUL 26 1907

Date — 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

Morgue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

176

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 3088 — Registered No. B C 3088

CERTIFICATE OF DEATH.

274

(Place of Death.) No. 215 Rock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Schadegg

{Residence, if in Baltimore, Give Street and Number.} 215 Rock St.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: (?) June 29 1870

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Luke Gilhooley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Eliza Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Schadegg

(Address) 215 Rock St.

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to July 1907

that I last saw h[er] alive on July 23 1907,

and that death occurred, on the date stated above, at 2.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Charles O'Donnell M.D.

Address 10 E. Read St

Date July 25 1907

Place of Burial Cathedral Cem

Date July 27 1907

Undertaker Geo A Inman

Address Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 3089 Registered No. B C 3089

105 V.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1810 Longrose alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Poland

{ Residence, if in Baltimore, Give Street and Number. } 1810 Longrose alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: May 11 1907

AGE: — years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Alex Foxby

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: Mary Poland

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Poland

(Address) 1810 Longrose al

Filed 7/26/07 190

HARRY C. INDERWIS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from Chronic to Cure 190 to 190

that I last saw h alive on 190;

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Caroline St. Chronic

Date July 25 1907

Place of Burial Mt Auburn

Date July 27th 26 1907

Undertaker JAMES H. DENNIS,

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C 3090 Registered No. B C 3090

CERTIFICATE OF DEATH.

1461

(Place of Death.) No. 518 Gaed St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Ford.

{Residence, if in Baltimore, Give Street and Number.} 518 Gaed St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F-l male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 4 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Ford

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Prestman St

Filed 7/26/07

HARRY C. ANDR[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to July 25 1907 that I last saw h[illegible] alive on July 24 1907 and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Suppuration Mastoiditis (DURATION) 18 DAYS

(Signed) Edw. V. Fitzgerald M.D.

Address 418 Druid Hill Ave.

Date July 25 1907.

Place of Burial Mt Auburn

Date July 26 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

18

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 3091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13 V

CERTIFICATE OF DEATH.

Registered No. B C 3091

City of Baltimore, (No. 234 N Schroeder St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Saml Berry

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Unknown 1 (Month) (Day) Year)

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Saml Berry

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lillie Murdock

BIRTHPLACE OF MOTHER (State or country) Cambridge Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hall

(Address) 234 N Schroeder

Filed 7/26 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 24 1907 that I last saw h-- alive on July 24 1907, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Cholera Morbus

(DURATION) 2 DAYS

Contributory Asthenia

(DURATION) 1 DAYS

(Signed) W D Howard M. D.

July 26 1907 (Address) 837 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Laurel — DATE OF BURIAL July 27 1907

UNDERTAKER R A Elliott — ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 3092 — Registered No. B C 3092

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 S. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Barth

{ Residence, if in Baltimore, Give Street and Number. } 508 S. Castle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 15 Dec. 1906

AGE 1 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Barth

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Carrie Cooksie

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Barth

(Address) 508 S Castle st.

Filed 7/27/07 190

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25, 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 25 1907

that I last saw h, ... alive on July 24 1907,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 9 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough

Date July 25 1907

Place of Burial Mt. Carmel

Date July 27 1907

Undertaker Jos. J. Keyser

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 21

C 3093 Registered No. B C 3093

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 Bayard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Robert Marshall

{Residence, if in Baltimore, Give Street and Number.} 1232 Bayard st,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm. Marshall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Deal

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Marshall

(Address) 1232 Bayard St

Filed 7/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 25 1907 that I last saw him alive on July 25 1907 and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea and Enteritis

1 ½ days (DURATION) DAYS

Con'tributory (Primary.) Cachexia

(DURATION) 1 DAYS

(Signed) Jos. E. Muse M.D.

Address 535 Columbia ave

Date July 26 1907

Place of Burial Mt Auburn

Date July 26 1907

Undertaker Jno H. Toadvine

Address 14 Russell St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 3094 Registered No. B C 3094

105 v.

CERTIFICATE OF DEATH.

(Place of Death.) No. 253-N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hilda Bird

{Residence, if in Baltimore, Give Street and Number.} 253 N Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Ethel Bird

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ethel Bird

(Address) 253 N Bruce St.

Filed 7/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary) Gastro enteritis (DURATION) 60 DAYS

(Signed) Thos. Jones M.D. Coroner

Address

Date July 26 1907

Place of Burial Mt. Auburn Cem.

Date July 26 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 3095 Registered No. B C 3095

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1933 Wilkens Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Eliza Boyd

{Residence, if in Baltimore, Give Street and Number.} 1933 Wilkens

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Unknown

AGE 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Balto County Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE ~~AND~~ BELIEF.

(Informant) Mrs Hannie Swann

(Address) 1933 Wilkens

Filed 7/26 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 25 1907

that I last saw her alive on July 25 1907

and that death occurred, on the date stated above, at 1.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) ..... DAYS

Contributory (Primary.) Diarrhoea

(DURATION) 4 DAYS

(Signed) Walter A Coe M.D.

Address 514 D. Fulton

Date July 25 1907

Place of Burial Mt Olivet

Date July 28 1907

Undertaker Wm Cook

Address 522 E North

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3096

Registered No. B .....

City of Baltimore, (No. Fernhill Ave near Fairmount Ave St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Kyffin.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: July (Month) 24 (Day) 1839 (Year)

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Robert Kyffin.

BIRTHPLACE OF FATHER (State or country): Ireland. Wales.

MAIDEN NAME OF MOTHER: Mary J. Flith.

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Kyffin

(Address) Fernhill ave. N. Calvington

Filed 7/26 1907 HARRY O. [illegible] PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 24 1907 that I last saw h[illegible] alive on July 24 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Albuminuria
Paralysis Sinral
Years ago

(DURATION) DAYS

Contributory Acute Diarrhea with Shock.

(DURATION) 2 DAYS

(Signed) W. H. Carmichael M. D.

July 24 1907 (Address) Arlington ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: July 27 1907

UNDERTAKER: Wm Cook | ADDRESS: 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 3097 Registered No. B C 3097

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raymond E. Holler

{Residence, if in Baltimore, Give Street and Number.} 215 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 3 1906

AGE 1 years, 1 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Louis M. Holler

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Flora Hartman

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis M. Holler

(Address) 215 N. Broadway.

Filed 7/26/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUL 25 1907 190

I HEREBY CERTIFY, That I attended deceased from July 25th 1907 to July 25th 1907

that I last saw him alive on July 25th 1907 9 15 A.M. P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) 1 DAYS

Contributory (Primary) Heat

(DURATION) 1 DAYS

(Signed) Elijah J. Russell M.D.

Address 1423 N Broadway

Date JUL 26 1907 190

Place of Burial Oak Lawn Cem

Date JUL 27 1907 190

Undertaker ALBERT C. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3098

City of Baltimore, (No. 1054, William St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael A. Koch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 28 1907 (Month) (Day) (Year)

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis Koch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Peter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Koch

(Address) 1054 Wm St

Filed July 27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 25 1907 that I last saw him alive on July 24 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Prematurae Birth

(DURATION) 30 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. H. Cruikshank M. D.

July 25 1907 (Address) 1303 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Valley Cross | DATE OF BURIAL: July 27 190

UNDERTAKER: L. Edwards | ADDRESS: 1428 E Chas St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 X

C 3099

Registered No. B C 3099

4 1 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Emily Sommer

{Residence, if in Baltimore, Give Street and Number.} 1402 Linden Ave

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 2 1844

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dr Edw Lehman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Schurat

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Woods, Jr.

(Address) Union Prot. Inf.

Filed 7/29 1907

HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1907

I HEREBY CERTIFY, That I attended deceased from May 13, 1907 to July 26, 1907

that I last saw h er alive on July 26, 1907,

and that death occurred, on the date stated above, at 9.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cachexia

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma of Caecum. (DURATION) ..... DAYS

(Signed) Georgiana Woods, Jr. M.D.

Address Union Prot. Inf.

Date July 26, 1907.

Place of Burial London Park Crematory

Date July 27th 1907

Undertaker Jas B. Cook

Address 1003 W Balto St

Removed To 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 3100 — Registered No. B C 3100

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 S Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena Kelly

{Residence, if in Baltimore, Give Street and Number.} 511 S Collington ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Jan 6 1884

AGE: 23 years, 6 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Antone Schuly.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kelly

(Address) 511 S Collington ave

Filed 7/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to July 25 1907 that I last saw h-r alive on July 25 1907, and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Exhaustion.

(DURATION) — DAYS

(Signed) John T Roche M.D.

Address 2007 Eastern ave

Date July 26 1907

Place of Burial Oaklawn Cem.

Date July 27 1907

Undertaker Joseph B Cook

Address 100 E Balto

WM. J. C. DULANY CO., BALTIMORE.

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. BC 3101

City of Baltimore, (No. 3349 Windsor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Wright

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb (Month) 26 (Day) 1906 (Year)

AGE: 1 years, 5 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Wright

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Miriam Henderson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE AND BELIEF~~.

(Informant) Wm Wright

(Address) 3349 Windsor

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 25 1907 that I last saw h or alive on July 25 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Cholera infantum

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) James C. Clarke M.D.

July 25 1907 (Address) 201 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn

DATE OF BURIAL: July 27 1907

UNDERTAKER: Joseph Block

ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 19

C 3102 Registered No. B C 3102

169

CERTIFICATE OF DEATH.

(Place of Death.) No. 23 N. Vincint alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah A. Ross

{Residence, if in Baltimore, Give Street and Number.} 23 N. Vincint alley.

Duration of Residence in Baltimore. 20 Year 2

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR Black

DATE OF BIRTH 1843 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Ross

(Address) 23 N Vincent alley

Filed 7/27 1907

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 25 1907

that I last saw her alive on July 25 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Over Comy with Heat

(DURATION) 7 DAYS

Contributory (Primary) Heart Failure (DURATION) 1 DAY.

(Signed) G. W. Slater M.D.

Address 1703 W. Fayette

Date July 26th 1907

Place of Burial Mt Auburn

Date July th 28 1907

Undertaker Alfred J. Freeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — C 3 03 — Registered No. B C 3103

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Safar

{Residence, if in Baltimore, Give Street and Number.} 702 S. Bond St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH 1

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Vaclav Safar

BIRTHPLACE OF FATHER (State or country) Bohemia.

MAIDEN NAME OF MOTHER Terese Zumora

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Safar

(Address) 702 S. Bond St.

Filed 7/27 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 26 1907 that I last saw h- alive on July 25 1907, and that death occurred, on the date stated above, at 4 —M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. J. Cleaborn M.D.

Address 16 S. Broadway

Date July 26 1907

Place of Burial Holy Redeemer

Date July 190

Undertaker Frank Tyrrell

Address 1904 Eastland Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — C 3104 — Registered No. B C 3104

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1847 Lorman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Brown

{Residence, if in Baltimore, Give Street and Number.} 1847 Lorman st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: Apr 19th 1907

AGE: ..... years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Brown

BIRTHPLACE OF FATHER (State or country): U. S. Colored

MAIDEN NAME OF MOTHER: Gertrude Randall

BIRTHPLACE OF MOTHER (State or country): U S Colored

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Brown

(Address) 1847 Lorman St

Filed 7/27 190.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25th 1907

I HEREBY CERTIFY, That I attended deceased from July 22nd 1907 to July 25th 1907

that I last saw h— alive on July 25 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 4 DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) J. H. Smith M.D.

Address 3132 W. Baltimore

Date July 26 1907

Place of Burial Laurel Cemetery

Date July 27 1907

Undertaker JAMES H. DENNIS,

Address 1332 PRESSTMAN ST.

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, BALTIMORE

C 3165

Ward 7 Registered No. B C 3105

41 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert A. Denny

{Residence, if in Baltimore, Give Street and Number.} 610 Windermere Ave Waverly

Duration of Residence in Baltimore. 1876 to 1907

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ | COLOR White

DATE OF BIRTH Jan. 31 1837

AGE 70 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) U.S.A.

FULL NAME OF FATHER William Denny

BIRTHPLACE OF FATHER (State or country) Annapolis Md.

MAIDEN NAME OF MOTHER Henrietta Denny

BIRTHPLACE OF MOTHER (State or country) Annapolis Md.

OCCUPATION OF DECEASED Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Wood Jr.

(Address) Union Prot. Inf.

Filed 7/27 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1907

I HEREBY CERTIFY, That I attended deceased from July 20, 1907 to July 26, 1907 that I last saw h alive on July 26 1907, and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or immediate.)

Intestinal Obstruction

(DURATION) 10 DAYS.

Contributory (Primary.) Carcinoma of Rectum

(DURATION) DAYS

(Signed) Eugene Wood, Jr. M.D.

Address Union Prot. Inf.

Date July 26, 1907. 190

Place of Burial Western Cemetary

Date July 29 190 7

Undertaker H. J. Turner & Son

Address Camden & Arch sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 3106 Registered No. B C 3106

CERTIFICATE OF DEATH.

1207

(Place of Death.) No. 31 N. Wamut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Kraft

{ Residence, if in Baltimore, Give Street and Number. } 31 N. Wamut St

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 12 1860

AGE: 47 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltis

FULL NAME OF FATHER: Geo Kraft

BIRTHPLACE OF FATHER (State or country): Baltis

MAIDEN NAME OF MOTHER: Ann Known.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 17 S. Calhoun St

Filed 7/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24th 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to July 24 1907 that I last saw her alive on July 24 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Convulsions
Coma

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

(DURATION) 32 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date July 26 1907

Place of Burial Mount Olivet Cem

Date July 28 1907

Undertaker Robt J Brookeson

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 3107 — Registered No. B C 3107

CERTIFICATE OF DEATH.

(Place of Death.) No. 31 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris R. Brown

{Residence, if in Baltimore, Give Street and Number.} 31 S. Calhoun St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 20 1881

AGE: 26 years, 11 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltic

FULL NAME OF FATHER: Wm. J. Brown

BIRTHPLACE OF FATHER (State or country): Baltic

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt V Brooks

(Address) 17 S. Calhoun St

Filed 7/27/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from June 27 1907 to July 25 1907 that I last saw him alive on July 25 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Perforation of Intestines and Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 29 DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St

Date July 26 1907

Place of Burial London Park Cem

Date July 27 1907

Undertaker Robt. Brookeman

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3108 Registered No. B C 3108

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1535 Friendship Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elma M. Ohrmann

{Residence, if in Baltimore, Give Street and Number.} 1535 Friendship Place

Duration of Residence in Baltimore. whole life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: aug 22nd 1906

AGE: ..... years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Herman Ohrmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Charlotte Lohmyer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Ohrmann

(Address) 1535 Friendsbury Place

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 18th 1907 to July 26th 1907 that I last saw her alive on July 26th 1907 and that death occurred, on the date stated above, at 8 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Infantorum

(DURATION) 8 DAYS

Contributory (Primary.) Dentition

(DURATION) DAYS

(Signed) E. G. Shaver M.D.

Address 1224 N. North ave

Date July 26th 1907

Place of Burial Baltimore Cemetery

Date July 28th 1907

Undertaker Georg Bruns

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 3109

City of Baltimore, (No. 130, Dolphin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chester R Spencer

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	W

DATE OF BIRTH: March 25 1907 (Month) (Day) (Year)

AGE: — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Wm. J. Spencer

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Hannah R. Chester

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Spencer

(Address) 130 Dolphin

Filed 7/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 25 1907 that I last saw him alive on July 25 1907, and that death occurred, on the date stated above, at 9 9: M. The CAUSE OF DEATH was as follows:

Broncho - Pneumonia

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Allen J. Cooney M. D.

July 26 1907 (Address) 1412 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	July 27th 1907
UNDERTAKER	ADDRESS
C. F. Phelps	17 N Gilmor

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1057

CERTIFICATE OF DEATH.

Registered No. B C 3110

City of Baltimore, (No. 1304 Pirt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Connolly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Sept 13 (Month) 1 (Day) (Year)

AGE: ..... years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Peter Connolly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah Sullivan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Connolly

(Address) 13 d Pirt St

Filed 7/27 190 7

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 26 1907 that I last saw h— alive on July 26 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Gastro enteritis

(DURATION) 6 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) James M Fenlon M. D.

July 26 1907 (Address) 1 W Eclay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	July 27 1907
UNDERTAKER	ADDRESS
M Fahey & Sons	606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V.

CERTIFICATE OF DEATH.

Registered No. B C 3111

City of Baltimore, (No. 743, W. Mulberry St.; 4th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Erma Caroline Richter,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 29 (Day) 1907 (Year)

AGE: ..... years, 3 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: ~~Married~~ Unmarried

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Albert H. Richter

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Ida M. Bruegger

BIRTHPLACE OF MOTHER (State or country): Balto, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert H. Richter

(Address) 743 W. Mulberry St.

Filed 7/27 1907 [HARRY C. ANDREWS, PERMIT CLERK.] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 26 1907 that I last saw h.. alive on July 24 1907, and that death occurred, on the date stated above, at 2.35 a. m. The CAUSE OF DEATH was as follows:

Acute Haem-Colitis

(DURATION) 4 DAYS

Contributory

(DURATION) DAYS

(Signed) Chas. Gelb, M. D.

July 26 1907 (Address) 1111 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	July 27 1907
UNDERTAKER	**ADDRESS**
Robert S. Little	531 N. Fremont St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward H C 3112 Registered No. B C 3112

CERTIFICATE OF DEATH.

(Place of Death.) No. 933 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. George B Swift

{Residence, if in Baltimore, Give Street and Number.} 737 W. Lexington St.

Duration of Residence in Baltimore. 26

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~Sept~~ Oct 1, 1867

AGE 39 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Charles Co Md

FULL NAME OF FATHER E. Edwin Pratt

BIRTHPLACE OF FATHER (State or country) Charles Co Md

MAIDEN NAME OF MOTHER Mary S Shorter

BIRTHPLACE OF MOTHER (State or country) Charles Co Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas W Price

(Address) 1736 N Broadway

Filed 7/27/07 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 26 1907

that I last saw h alive on July 26 1907

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumothorax

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) William W. Bowie M.D.

Address Md General Hospital

Date July 25 1907

Place of Burial Dulaney

Date July 28 1907

Undertaker Robt. S. Turner

Address # 1427 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 3113 — Registered No. B C 3113

CERTIFICATE OF DEATH.

27 ✓

(Place of Death.) No. 1703 N Dunham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Northmann

{Residence, if in Baltimore, Give Street and Number.} 1703 N Dunham

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Sept 10 1906

AGE 1 years, 9 months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo Northmann

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Katherine Schindler

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Northmann

(Address) 1703 N. Dunham

Filed 7/27/ 190

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to July 24 1907

that I last saw him alive on July 24 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

About 6 weeks (DURATION) DAYS

Contributory (Primary.)

Pneumonia (DURATION) DAYS

(Signed) W W White M.D.

Address 1107 N Broadway

Date 190

Place of Burial Dale Cemetery

Date July 27 190 7

Undertaker Clark & Hynson

Address 14 & V. N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

C 3114

Registered No. B C 3114

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 Block St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Willis

{Residence, if in Baltimore, Give Street and Number.} Died 1153 York Rd

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH —

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Willis

(Address) 1153 York Road

Filed 7/27/07

HENRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to July 26 1907

that I last saw him alive on July 26 1907

and that death occurred, on the date stated above, at 1.10 pm

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary) Bright's Compensation

(DURATION) 1 DAYS

(Signed) Chas Rodgers M.D.

Address 1143 N Broadway

Date July 26 1907

Place of Burial Baltimore Cemetery

Date July 28 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 3115 Registered No. B C 3115

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 209 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard J McCormick

{Residence, if in Baltimore, Give Street and Number.} 209 Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 16 1905

AGE ..... years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Clarence O McCormick

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Marie Otts

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence O. McCormick

(Address) 209 Fred Ave

Filed 7/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 27 1907 that I last saw him alive on July 26 1907 and that death occurred, on the date stated above, at 5 a m. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 2 DAYS

Con'tributory (Primary.) Diarrhoea enteritis

(DURATION) 14 DAYS

(Signed) Walter A Coe M.D.

Address 542 Fulton Ave

Date July 27 1907

Place of Burial Western Cemetery

Date July 25 1907

Undertaker Geo J Smith & Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 3116 Registered No. B C 3116

CERTIFICATE OF DEATH.

(Place of Death.) No. 2809 Remington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lee

{Residence, if in Baltimore, Give Street and Number.} 2809 Remington Ave

Duration of Residence in Baltimore. about 25 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: 1866	
AGE: 41 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): A. A. Co. Md.	
FULL NAME OF FATHER: Robt Lee	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Maria Lee	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. Williams

(Address) 443 E. 23d St

Filed 7/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th, 1907

I HEREBY CERTIFY, That I attended deceased from July 22, 1907 to July 25 1907

that I last saw h alive on July 25 1907.

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of Left heart (DURATION) 4 DAYS

Contributory (Primary.) Mitral Insufficiency (DURATION) 98 DAYS

(Signed) W. Grant Scott M.D.

Address 354 W. Biddle St

Date July 26, 1907

Place of Burial Laurel Cem

Date July 28th 1907

Undertaker Sam'l H. Chase Son

Address 101 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 Registered No. B C 3117

C 3117

15-8 v

CERTIFICATE OF DEATH.

(Place of Death.) No. Pecks Branch, near Lafayette av. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Adelaide Wisser

{Residence, if in Baltimore, Give Street and Number.} 632, Pattison ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: white

DATE OF BIRTH: Sept 23 1868

AGE: 38 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jacot. Wisser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Wiedorf

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacot. Wisser.

(Address) 632 Pattison Ave

Filed 7/27 1907

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Drowning

....(DURATION).... DAYS

Con'tributory (Primary.) Suicide

....(DURATION).... DAYS

(Signed) Silas Baldwin M.D.

Address 710 Lap. av. (Centre)

Date July 27th 1907

Place of Burial London Park

Date July 29. 1907

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3118

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3118

City of Baltimore, (No. 7, Penn St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Kelso

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: March 20 1906 (Month) (Day) (Year)

AGE: 1 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm. H. Kelso

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lena Jackson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lena Jackson Kelso

(Address) 7 Penn St

Filed 7/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 26 1907 that I last saw her alive on July 24 1907, and that death occurred, on the date stated above, at 10-30 A. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 7 DAYS

Contributory (DURATION) DAYS

(Signed) H W. Webner M. D.

July 26 1907 (Address) 723 W. Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	July 28 1907
UNDERTAKER	ADDRESS
M. Boyle & Son	17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 3119 Registered No. B C 3119

CERTIFICATE OF DEATH.

93 V

(Place of Death.) No. S. S. Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Kriegeis

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 26" 1905

AGE 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Bohemia.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. D. Schwach

(Address) 6 S. Hoy St.

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26" 1907

I HEREBY CERTIFY, That I attended deceased from July 22" 1907 to July 26" 1907 that I last saw h-- alive on July 26" 1907, and that death occurred, on the date stated above, at 7 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Kreuarz M.D.

Address 2 S. Hanover

Date 1907

Place of Burial Evangelical Cemetery

Date July 27" 1907

Undertaker H. Sander & Sons

Address 1710 Caroline Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V C 3120 Registered No. B C 3120

4 0 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 S. Wolfe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Antonia Polanowska.

{Residence, if in Baltimore, Give Street and Number.} 514 S. Wolfe St

Duration of Residence in Baltimore. 12 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH	1
AGE	53 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Russia Poland
FULL NAME OF FATHER	Mathew Krishner.
BIRTHPLACE OF FATHER (State or country)	Russia Poland.
MAIDEN NAME OF MOTHER	Katie Washonska.
BIRTHPLACE OF MOTHER (State or country)	Russia Poland
OCCUPATION OF DECEASED	House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. F. Sadowski.

(Address) 703 S. Ann St

Filed 7/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to July 26 1907 that I last saw her alive on July 26 1907, and that death occurred, on the date stated above, at 2.21 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Carcinoma

Duration 30 Days

Contributory (Primary.) Exhaustion

Duration 2 Days

(Signed) J. C. Hades M.D.

Address 1436 Bway

Date July 26 1907

Place of Burial Holy Rosary.

Date Sunday July 28 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V C 3121 Registered No. B C 3121

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1826 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Filip Symanski.

{Residence, if in Baltimore, Give Street and Number.} 1826 Aliceanna St.

Duration of Residence in Baltimore. 1½ yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md

FULL NAME OF FATHER: Anton Symanski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Stanislawa Lijewska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antons Symanski.

(Address) 1826 Aliceanna St

Filed 7/27 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 24th 1907 to July 25th 1907

that I last saw h em alive on July 25th 1907,

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Sundantum

(DURATION) 6 DAYS

Contributory (Primary.) Exanthem

(DURATION) DAYS

(Signed) C. F. Sudder M.D.

Address 2. S Patterson P'k Cor.

Date July 26th 1907

Place of Burial Holy Rosary

Date July 27 1907

Undertaker M. F. Padowski.

Address 705 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 3122 — Registered No. B C 3122

151 v

CERTIFICATE OF DEATH.

Place of Death.) No. 221 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Wetzelberger

{ Residence, if in Baltimore, Give Street and Number. } 221 N. Washington

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: June 20 1907

AGE: ..... years, 1 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frederick Wetzelberger

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Ino. Dougal

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. Wetzelberger

(Address) 221 N. Washington

Filed 7/27/07

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 27- 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to July 29 1907

that I last saw her alive on July 26 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Contributory (Primary) Exhaustion (DURATION) 7 DAYS

(DURATION) DAYS

(Signed) G. C. Blades M.D.

Address 1143 N. Broadway

Date 190

Place of Burial Holy Redeemer

Date July 29 1907

Undertaker Jos. J. Sess

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 A 23 — C 3123 — Registered No. B C 3123

CERTIFICATE OF DEATH.

(Place of Death.) No. 3 E. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Garthe

{Residence, if in Baltimore, Give Street and Number.} 3 E. Randall St,

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 20 1841

AGE: 65 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Heinrich S. Garthe

BIRTHPLACE OF FATHER (State or country): Germy

MAIDEN NAME OF MOTHER: P. Beatty

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hy. C. Garthe

(Address) 28 E. Balto St.

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 26 1907 that I last saw h alive on July 26 1907, and that death occurred, on the date stated above, at 2-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Acute Bronchitis

(DURATION) 2 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover

Date July 26 1907

Place of Burial London Park

Date July 28 1907

Undertaker F. H. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3124 Registered No. B C 3124

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 220 S. Patterson Park Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Jos. Codd

{Residence, if in Baltimore, Give Street and Number.} 220 S. Patterson Park Ave,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jany 19, 1907

AGE — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto,

FULL NAME OF FATHER Edw. J. Codd Jr,

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Edith Mary Codd

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Codd Jr.

(Address) 220 S Patterson Park Ave

Filed 1/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July - 26 1907

I HEREBY CERTIFY, That I attended deceased from July 25th 1907 to July 26 1907 that I last saw him alive on July 26 1907, and that death occurred, on the date stated above, at 5 — P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions + Congestion of lungs

(DURATION) 1 DAYS

Contributory (Primary.) Gastro-Enteritis infection (DURATION) — DAYS

(Signed) Albertus Ellis M.D.

Address 1828 E. Balto St

Date July - 27 - 1907.

Place of Burial St Patricks Cem

Date July 27th 1907

Undertaker John L. Daugherty

Address 233 E. Biddy.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — C 3125 Registered No. B — C 3125

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1824 W Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W Thomas

{Residence, if in Baltimore, Give Street and Number.} 1824 W. Franklin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 16 1907

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Eugen W Thomas

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Olga Mollendagen

BIRTHPLACE OF MOTHER (State or country): Cinn Ohio

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene W Thomas

(Address) 1824 W Franklin st

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 27 1907 that I last saw h in alive on July 25 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H London M.D.

Address 1403 W Fayette St

Date July 27 1907

Place of Burial Druid Ridge

Date July 28 - 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 3126 — Registered No. B C 3126

CERTIFICATE OF DEATH.

(Place of Death.) No. 1521 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna C. Robins

{ Residence, if in Baltimore, Give Street and Number. } 1521 N. Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 12 1871

AGE: 35 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John W. Robins

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Sarah V. Sterling

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Robins

(Address) 1521 N. Chapel St

Filed 7/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 25th 1907

that I last saw h alive on July 25th 1907,

and that death occurred, on the date stated above, at 12 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Chronic Enteritis

(DURATION) DAYS

(Signed) M. E. Lanahan M.D.

Address 2006 Pratt St

Date July 26th 1907

Place of Burial Cedar Hill Cemetary

Date July 29th 1907

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 3127 Registered No. B C 3127

118 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Walther

{ Residence, if in Baltimore, Give Street and Number. } 1620 Hilkens Ave

Duration of Residence in Baltimore. 34 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	34 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Geo. Walther
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Horch
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Delk.

(Address) 28 S. Carrollton Av.

Filed 7/27 190

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 26 1907

that I last saw h sm alive on July 24 1907

and that death occurred, on the date stated above, at 2 [illegible]

A. M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

(DURATION) 5 DAYS

Contributory (Primary.)

Peritonitis. (DURATION) 2 DAYS

(Signed) J. H. Bird M.D.

Address University Hosp.

Date July 26 / 1907

Place of Burial Western Cem

Date July 29 1907

Undertaker Lowe Cook

Address 502 E. North Av

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 3123 Registered No. B C 3123

CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 N. Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Folsom Biggins

{ Residence, if in Baltimore, Give Street and Number. } 1914 N. Payson St.

Duration of Residence in Baltimore. 18 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 13th March, 1889

AGE: 18 years, 4 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm. Biggins

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna M. Miller

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Crown Cork & Seal Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Biggins

(Address) 1914 N. Payson St

Filed 7/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to July 26 1907 that I last saw h[illegible] alive on July 24 1907, and that death occurred, on the date stated above, at 6:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of the Lungs

7 months (DURATION) DAYS

Contributory (Primary.) Strangulation from the Epiploon (DURATION) DAYS

(Signed) E. Miles Wheeler M.D.

Address 2129 W Mulberry

Date July 26 1907

Place of Burial Baltimore Conn

Date July 28 1907

Undertaker Wm Cook

Address 502 E. Northan

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 3129 Registered No. B C 3129

120

CERTIFICATE OF DEATH.

(Place of Death.) No. The Chas. H. Elms, Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marion Turner Osborne

{ Residence, if in Baltimore, Give Street and Number. } 363 E. Preston St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: October Ten 1842	
AGE: 65 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Marion Shipley	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Osborne

(Address) 1312 Guilford Ave

Filed 7/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to July 25 1907

that I last saw her alive on July 25 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diabetes

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage

of Heart (DURATION) DAYS

(Signed) H. B. Jones M.D.

Address The Chas. H. Elms, Baltimore

Date July 26 1907

Place of Burial Greenmount Cem

Date July 27 1907

Undertaker Wm. Cook

Address 502 E. Northern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 3130 C 3130 Registered No. B 1654

CERTIFICATE OF DEATH.

(Place of Death.) No. 1927 Ridgewood ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cora Bell Gure

{Residence, if in Baltimore, Give Street and Number.} 1927 Ridgewood ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	white

DATE OF BIRTH: Nov 12 1906

AGE: ..... years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Francis D Gure

BIRTHPLACE OF FATHER (State or country): maryland

MAIDEN NAME OF MOTHER: Minnie J. Scholz

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis D Gure

(Address) 1927 Ridgewood ave

Filed 7/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 26 1907 that I last saw her alive on July 26 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 6 DAYS

Con'tributory (Primary.) Inanition (DURATION) 6 DAYS

(Signed) T. E. Dunglison M.D.

Address 2506 Parkwood ave

Date Balto July 26 1907

Place of Burial Western

Date July 28 1907

Undertaker Lowe & Co

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — C 3131 — Registered No. B C 3131

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 Mount St. Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred B. Walters

{Residence, if in Baltimore, Give Street and Number.} 610 Mount St. Waverly

Duration of Residence in Baltimore. Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Feb 7 1904

AGE: 3 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry R. Walters

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Daisy Shepperd

BIRTHPLACE OF MOTHER (State or country): W. Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry R. Walters

(Address) 610 Mount St Waverly

Filed 7/27 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 26th 1907 to July 26th 1907 that I last saw h[illegible] alive on July 26th 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Syncope

(DURATION) 6 hours

Contributory (Primary) True Membranous Croup

Laryngeal Diphtheria (DURATION) 2 DAYS

(Signed) William J Pillsbury M.D.

Address 1801 York Road

Date July 27th 1907

Place of Burial Green Mount Cem

Date July 27, 1907

Undertaker Wm Cook

Address 502 E. North Ave

2-1/2 PM

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3132 Registered No. B C 3132

CERTIFICATE OF DEATH.

(Place of Death.) No. Main Ave Street Arlington St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number) 1716

Full Name Rocco Garibaldi

{Residence, if in Baltimore, Give Street and Number.} Main Ave Street Arlington

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 16th April 1907

AGE ..... years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Arlington

FULL NAME OF FATHER Antonio Garibaldi

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Rosaria Tamburo

BIRTHPLACE OF MOTHER (State or country) Italy.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonia Garibaldi

(Address) Main St Arlington

Filed 7/27 1907 J. F. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 27 July 1907

I HEREBY CERTIFY, That I attended deceased from 19 July 1907 to 27 July 1907 that I last saw h[illegible] alive on 27 July 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions Debility

1

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(DURATION) DAYS

(Signed) Joseph Savarese M.D.

Address 204 N. Greene street

Date 190

Place of Burial Holy Redeemer

Date July 28 190 7

Undertaker John E Haugh Co

Address 1422 Penn ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3133

HEALTH DEPARTMENT, CITY OF BALTIMORE

C 3133

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 348 S Smallwood St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andreas Greffen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 10 (Day) 1907 (Year)

AGE: ..... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Earnest F Greffen

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Rose Heddrick

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Earnest F. Greffen

(Address) 348 S. Smallwood St

Filed 7-27- 1907 J.M.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 25th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16th 1907 to July 26th 1907 that I last saw h.m alive on July 25th 1907, and that death occurred, on the date stated above, at 8 M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 9 DAYS

Contributory Prostration (DURATION) 2 DAYS

(Signed) C. L. Buddenbohn M. D.

July 25 1907 (Address) 418 E. Lexington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 27 1907

UNDERTAKER: F. B. Kuhnert — ADDRESS: —

#1 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 3134 — Registered No. B C 3134

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estelle Lloyd Lynch

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 1 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo L Lynch

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Estelle F Milby

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estelle Lynch

(Address) 1400 Division

Filed 7-27-1907 JAC

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 27 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Life (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P J Martin M.D.

Address

Date July 28 1907

Place of Burial St Peters Cem

Date July 28 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

C 3135

Registered No. B C 3135

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Liberty Pike Road, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph H. Delter.

{ Residence, if in Baltimore, Give Street and Number. } 806 S. Paca St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 10, 1907

AGE: — years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John C. Delter

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Josephine Walk

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Delker

(Address) 806 S. Paca St.

Filed 7-27-1907 J.M.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1907

I HEREBY CERTIFY, That I attended deceased from July 19, 1907 to July 26, 1907 that I last saw h[illegible] alive on July 20, 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Entero-Colitis

(DURATION) 30 DAYS

Contributory (Primary.) Bad feeding,

(DURATION) 4 mos.

(Signed) Albert T. Chambers, M.D.

Address 614 S. Paca St.

Date July 27, 1907

Place of Burial Loudon Park Cem

Date July 29th 1907

Undertaker E. Schlosman & Son

Address 1139 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 3136 — Registered No. B — C 3136

CERTIFICATE OF DEATH.

(Place of Death.) No. 869 Greenmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Agnes Lee

{Residence, if in Baltimore, Give Street and Number.} 869 Greenmount Ave.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: Was her 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Kerrigan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Roddy

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Bernard J. Lee

(Address) 869 Greenmount Ave

Filed 7-27- 1907 JAC

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 25th 1907

I HEREBY CERTIFY, That I attended deceased from June 19th 1907 to July 25 1907

that I last saw h[er] alive on July 23rd 1907

and that death occurred, on the date stated above, at 7 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Catarrh 6 Mos (DURATION) DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) H. A. Eshner M.D.

Address 501 E. Lexington St

Date July 26th 1907

Place of Burial New Cathedral Cemetery

Date July 29 1907

Undertaker Henry Hoede & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9th — C 3137 — Registered No. B C 3137

154V

CERTIFICATE OF DEATH.

(Place of Death.) No. 8. E. Cor Independence & Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph White

{Residence, if in Baltimore, Give Street and Number.} Cor Independence + Madison St

Duration of Residence in Baltimore. Life — Waverly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 28 Nov 1819

AGE: 87 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph White

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hartman

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph M White

(Address) Independence & Madison

Filed 7/27 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 20th 1907

that I last saw him alive on July 26th 1907, 3.40 P.M.

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 14 DAYS

Contributory (Primary.) Senility

(DURATION) 90 DAYS

(Signed) H. D. Brown M.D.

Address 663 Gorsuch ave

Date July 27th 07 1907

Place of Burial Mt Olivet

Date July 28 1907

Undertaker Sarah Seffer

Address 1600 N North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 C 3138 Registered No. B C 3138

CERTIFICATE OF DEATH.

(Place of Death.) No. 1915 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Cottger

{ Residence, if in Baltimore; Give Street and Number. } 1915 E. Chase St

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 24 1849

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Rottger

(Address) 1915 E Chase St

Filed 7/27 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 25 1907 that I last saw h... alive on July 24 1907, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart.

5 days (DURATION) DAYS

Contributory (Primary.) Heart

(DURATION) DAYS

(Signed) H. S. Fetzer M.D.

Address 1423 E Lanvale St

Date July 25 1907

Place of Burial Baltimore Cemetery

Date July 28 1907

Undertaker L. Lennbacher & Son

Address 647 N. Pine St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 3139 — Registered No. B C 3139

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 714 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vernon Wisebaugh

{Residence, if in Baltimore, Give Street and Number.} 714 W. Fayette St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: Dec 10th 1906

AGE: — years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John S. Wisebaugh

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lecta E. Horton

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie A. Horton

(Address) 1626 Olivia Pl

Filed 7/27 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 26th 1907 to July 26 1907

that I last saw him alive on July 26 1907,

and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis (DURATION) 2 DAYS

Contributory (Primary.)

Gastritis (DURATION) 2 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1330 W. North Ave

Date Balto July 27 1907

Place of Burial St Mary's Hanoverton

Date July 28 1907

Undertaker Robt T. Turner

Address 1742 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 3140 Registered No. B C 3140

CERTIFICATE OF DEATH. 105 v

(Place of Death.) No. 3419 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert C Bobletz

{Residence, if in Baltimore, Give Street and Number.} 3419 Cedar Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 15th 1906

AGE 1 Year 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Walter Bobletz

BIRTHPLACE OF FATHER (State or country) Carroll Co.

MAIDEN NAME OF MOTHER Barbara E. Bopp

BIRTHPLACE OF MOTHER (State or country) Washington Co.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Bobletz

(Address) 3419 Cedar Ave

Filed 7/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 27 1907

that I last saw h alive on July 27 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Edema of Lungs

(DURATION) 1 DAYS

Contributory (Primary) Enteritis Acute

(DURATION) 3 DAYS

(Signed) J. H. Friedman M.D.

Address 500 N. Eutaw Ave

Date July 27 1907

Place of Burial St. Marys Stampede

Date July 28th 1907

Undertaker Wm. E. Lippincott & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 3141 Registered No. B C 3141

CERTIFICATE OF DEATH.

(Place of Death.) No. 404 Poarle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Georgeanna Holmes

{Residence, if in Baltimore, Give Street and Number.} 404 Poarle St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dec. 31. 1871

AGE 35 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Annapolis, Md.

FULL NAME OF FATHER Seymo Gibson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Broom.

BIRTHPLACE OF MOTHER (State or country) Annapolis Md.

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Carrie V Gurry

(Address) 1904 Broad Hill Ave

Filed 7/27" 1907

MARY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26, 1907

I HEREBY CERTIFY, That I attended deceased from June 29 1907 to July 25 1907

that I last saw her alive on July 25 1907,

and that death occurred, on the date stated above, at 1227 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) 26 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Edward Short M.D.

Address 535 Robert St

Date July 26, 1907

Place of Burial Mt Zion

Date July 28 1907

Undertaker [illegible]

Address 538 [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 3142

CERTIFICATE OF DEATH.

15 K

(Place of Death.) No. 2440 E. Fayette St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edeth Gambrel

{Residence, if in Baltimore, Give Street and Number.} 2440 E. Fayette St

Duration of Residence in Baltimore. a life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: White

DATE OF BIRTH: July 27 1907

AGE: ..... years, ... months, 1 hours days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ed. Gambrel

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: nellie Delaney

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. Gambrel

(Address) 2440 E Fayette st

Filed July 28th 1907

HARRY O. ANDREWS, FIRST CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to July 27 1907 that I last saw her alive on 7/27/1907, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth six & half months

one hour (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 154 Milton ave

Date July 27 1907

Place of Burial Baltimore Cemetery

Date July 28th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 C 3143 Registered No. B C 3143

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mildred Ziegler

{Residence, if in Baltimore, Give Street and Number.} 1505 W. Saratoga St

Duration of Residence in Baltimore. 4 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	White

DATE OF BIRTH March 24 1907

AGE ..... years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Saml. A. Ziegler

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Lilly Airey

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml. A. Ziegler

(Address) 1505 W. Saratoga St

Filed 7/28 1907 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from June 23 1907 to July 26 1907

that I last saw h[illegible] alive on July 26 1907

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate.)

Coma Entero.

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 824 Cathedral St

Date July 27th 1907

Place of Burial Loudon Park

Date July 28 — 1907

Undertaker E. M. Mitchell

Address 1301 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burying the body, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single), *cause and date of death*.

HEALTH DEPARTMENT, City of Baltimore.

Ward I C 3144 Registered No. B C 3144

CERTIFICATE OF DEATH.

45 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate King

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address)

Filed 7/28 1907 F.X.J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26. 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1906 to July 26, 1907 that I last saw her alive on July 25 1907 and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Liver

(DURATION) 40 DAYS

Con'tributory (Primary.) Carcinoma of Breast (DURATION) 90 DAYS

(Signed) M M Cummings M.D.

Address Bay View Asylum

Date July 26, 1907

Place of Burial Sacred Heart

Date July 28th 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... C 3145 *Registered No. B* C 3145

1207

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Stringer

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 67 *years*, ... *months*, ... *days*

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Supt. Samar Hollyday,

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 7/28 1907 F. K. J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1906 to July 26 1907 that I last saw h.. alive on July 26 1907, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Aortic Endocarditis, Thrombus of Middle Cerebral Artery (DURATION) DAYS

Contributory (Primary) Carcinoma (DURATION) DAYS

(Signed) R. R. Norris M.D.

Address Bay View Hospital

Date July 27 1907

Place of Burial Sacred Heart.

Date July 28 - 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 3146 Registered No. B C 3146

CERTIFICATE OF DEATH.

(Place of Death.) No. 247 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James T. Carey

{Residence, if in Baltimore, Give Street and Number.} 247 W. Preston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male

COLOR White

DATE OF BIRTH 1856

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Je

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ann Lyons

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Horse Shoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ann Carey

(Address) 1217 Lauvale St.

Filed 7/28 1907 T. X. J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1907.

I HEREBY CERTIFY, That I attended deceased from June 20th 1907 to July 28th 1907 that I last saw h— alive on July 27th 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 8 DAYS

Contributory (Primary) Nephritis

Bone work (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date July 28th 1907.

Place of Burial St Peters Cem

Date July 30th 1907

Undertaker C. M. Fahey & Sons

Address 602 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 9 C 3147 Registered No. B C 3147

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah R. Lucas

{Residence, if in Baltimore, Give Street and Number.} 1626 E Biddle st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 12 1827

AGE 80 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Laban Thayer

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter F. Lucas

(Address) 1626 E. Biddle st

Filed 7/28 1907 F.X.J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from March 1904 to July 26 1907

that I last saw h.r alive on " " 190 ,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma

(DURATION) 36 hours

Contributory (Primary.)

Diabetes Mellitus (DURATION) 20 years

(Signed) Geo A. Hudnutt M.D.

Address 1121 N Eutaw St.

Date July 27. 1907

Place of Burial Druid Ridge Cemetery

Date JUL 28 1907

Undertaker ALBERT F. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within **eighteen hours after death**, to the Undertaker, or the Coroner, when the case comes under his notice, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 C 3148 Registered No. B C 3148 17 6

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Rutkowski

{ Residence, if in Baltimore, Give Street and Number. } 801. S. Ann St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Saloon Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. F. Sadowski

(Address) 703 S. Ann St

Filed 7/28 1907 F. J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw h alive on ..... 190 ..... and that death occurred on the date stated above, at 9.25 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 YEARS

(Secondary) Homicide (DURATION) DAYS

(Signed) Fred K. Carnes M.D.

Address Coroner

Date July. 27 1907

Place of Burial St Stanislaus

Date Sunday July 28" 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. **B** C 3149

C 3149

1054

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 812 S. Anne St *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Ermatowska

{ Residence, if in Baltimore, Give Street and Number. } 812 S. Anne

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH 1

AGE 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md

FULL NAME OF FATHER: Frank Ermatowski

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Annie Dit.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Frank Ermatowski

(Address) 812 S. Anne St

Filed 7/28 1907 F. J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 27 1907 that I last saw h.. alive on July 26 1907, and that death occurred, on the date stated above, at 10:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ex haustion

(DURATION) DAYS

Contributory (Primary.) ~~Enteritis~~ Entero-colitis (DURATION) 21 DAYS

(Signed) Albertus Ellis M.D.

Address 1828 E. Balto St

Date July 27th 1907

Place of Burial Holy Rosary

Date Monday July 29th 1907

Undertaker M. F. Sadowski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

14

C 3150

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1907

CERTIFICATE OF DEATH. C 3150

Registered No. B.....

City of Baltimore, (No. 2009 Etting St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Palmer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: July (Month) 5 (Day) 1906 (Year)

AGE: 1 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Alex. Hacke

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Debora Palmer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Debora Palmer

(Address) 2009 E Etting St.

Filed July 28 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1907 to July 27 1907

that I last saw her alive on 24 1907

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Marasmus

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) Joseph Blum M. D.

July 27 1907 (Address) 816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	7/28 1907
UNDERTAKER	ADDRESS
John H. Troidin	142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 3151 Registered No. B C 3151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thurmon W. Henry

{ Residence, if in Baltimore, Give Street and Number. } 1534 E. Fayette St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR color

DATE OF BIRTH 8th of August 1896

AGE 9 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Cambridge

FULL NAME OF FATHER Murray Henry

BIRTHPLACE OF FATHER (State or country) Cambridge md.

MAIDEN NAME OF MOTHER Mary Jane Huse

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jane Henry

(Address) 1534 E Fayette St

Filed 7/28 190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 27 1907

that I last saw him alive on July 26 1907,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery Fever

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date July 27 1907

Place of Burial Cambridge md

Date 28 July 1907

Undertaker Theodore White

Address 1102 South street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 3152 Registered No. B C 3152

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 S Charles St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph H. Lynham Mulligan

{Residence, if in Baltimore, Give Street and Number.} 1612 S Charles St

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White —

DATE OF BIRTH unknown 1

AGE 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED do not Know

BIRTHPLACE (State or country) U.S. Md —

FULL NAME OF FATHER do not Know

BIRTHPLACE OF FATHER (State or country) do not Know

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown —

OCCUPATION OF DECEASED Laborer +

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wolf —

(Address) 1612 S Charles.

Filed 7/28 1907 F X J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th (25) 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 25 1907 that I last saw h in alive on July 25 1907, and that death occurred, on the date stated above, at 7 —M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs + Larynx. —

(DURATION) 6 mo.

Contributory (Primary.)

(DURATION) DAYS

(Signed) C P Straus M.D.

Address 1606 Light St

Date July 27/07 1907

Place of Burial Mt Olivet

Date July 28 1907

Undertaker E E Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 2152

I, Mary E. Mulligan of Somerville in the County of Middlesex and Commonwealth of Massachusetts on oath depose and say as follows:

1st. That I am the daughter of the late Joseph M Mulligan.

2nd. That the said Joseph M Mulligan departed this life in the City of Baltimore on the ~~fifteenth~~ 25 day of ~~June~~ July, 1907, leaving your Affiant and her mother Margaret Mulligan his nearest connections and the only ones who are interested in his Estate.

3rd. That the said Joseph Mulligan became known in the City of Baltimore as Joseph M Lybran and by that name obtained a policy of insurance upon his own life from The Prudential Insurance Company of America dated the tenth day of June, 1907, for the sum of one hundred twenty dollars ($120.00) for the weekly premium of twenty-five cents, payable unto his Executors, Administrators or Assigns with the proviso that if he died

...cer of ...
43. Cancer of breast
44. Cancer of skin
45. Cancer of other or unspecified organs
46. Tumor (noncancerous).
47. Acute articular rheumatism
48. Chronic rheumatism and gout
49. Scurvy
50. Diabetes
51. Exophthalmic goiter
52. Addison's disease
53. Leukemia
54. Anemia, chlorosis
56. Alcoholism
57. Lead poisoning
58. Other professional intoxications
59. Other chronic poisonings
55. Other general diseases

II. DISEASES OF THE NERVOUS SYSTEM.

60. Encephalitis
61. Meningitis
62. Locomotor ataxia
63. Other diseases of spinal cord
64. Apoplexy
65. Softening of brain
66. Paralysis
67. General paralysis of insane
68. Other forms of mental disease
69. Epilepsy
70. Convulsions (nonpuerperal)
71. Convulsions of children
72. Tetanus
73. Chorea

...te of the policy only one ha...

108. Hernia; Obstruction of intestines
109. Other diseases of intestines
110. Acute yellow atrophy of liver
111. Hydatid tumors of liver
112. Cirrhosis of liver
113. Biliary calculi
114. Other diseases of liver
115. Diseases of spleen
116. Peritonitis (nonpuerperal)
118. Appendicitis
117. Other diseases of digestive system

VI. DISEASES OF THE GENITO-URINARY SYSTEM.

119. Acute nephritis
120. Bright's disease
121. Other diseases of kidneys
122. Calculi of urinary tract
123. Diseases of bladder
124. Diseases of urethra, urinary abscess, etc.
125. Diseases of prostate
126. Nonvenereal diseases of (male) genital organs
127. Metritis
128. Uterine hemorrhage (nonpuerperal)
129. Uterine tumor (noncancerous)
130. Other diseases of uterus
131. Ovarian tumors
132. Diseases of tubes; Other diseases of female genital organs
133. Nonpuerperal diseases of the breast (cancer excepted)

164. ...
165. Dislocations
167. Burns and scalds
168. Burning by corrosive substances
169. Heat and sunstroke
170. Cold and freezing
171. Lightning
172. Drowning
173. Starvation, privation, etc.
174. Inhalation of poisonous gases
175. Other accidental poisonings
166. Accidental gunshot wounds; Injuries by machinery; Injuries in mines and quarries; Railroad accidents and injuries; Injuries by horses and vehicles; Other accidental traumatisms
176. Suffocation; Injuries at birth; Homicide; Other external violence

XIV. ILL-DEFINED DISEASES.

177. "Dropsy"
178. Sudden death
179. Heart failure; Inanition (over 3 months); Debility (over 3 months); Marasmus (over 3 months); Fever; Other ill-defined diseases; Unknown

HEALTH DEPARTMENT

C 3153

Ward 7 Registered No. B C 3153

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 722 N. Madiera St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benie Conrad.

{Residence, if in Baltimore, Give Street and Number.} 722 N. Maduar St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Conrad

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Sophia Peck.

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Marousek

(Address) 722 N. Madeira

Filed 7/28 1907 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to July 26 1907

that I last saw h[illegible] alive on 25 1907, and that death occurred, on the date stated above, at 4.5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

from 15th May to July (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos J Symms M.D.

Address

Date July 28 1907

Place of Burial Holy Redeemer

Date July 29 1907

Undertaker Frank Ehrath

Address 1904 Eastlanger

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 16 C 3154 Registered No. B

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1143 Stockton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence May McLane

{Residence, if in Baltimore, Give Street and Number.} 1143 Stockton St.

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Feb 1907

AGE: ....years, 6 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mother dead. Name unknown

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Brown

(Address) 717 Orca St.

Filed 7/28 1907 HARRY C. ..., M.D., PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 3rd 1907 to July 26th 1907 that I last saw her alive on July 25th 1907, and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

(DURATION) 23 DAYS

Contributory (Primary.) Bad Food

(DURATION) ... DAYS

(Signed) L. M. Allen M.D.

Address 1242 Penn Ave

Date July 27th 1907

Place of Burial Mt Carburn

Date July 28th 1907

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPA[illegible]

Ward 13 C 3155 Registered No. B [illegible]

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 3329 Carol St (Mt. Vernon) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lottie M Gordon

{Residence, if in Baltimore, Give Street and Number.} 3329 Carol St —

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 20th 1885

AGE: 22 years, 2 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm E. Fisher

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E. Steck

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Lovett

(Address) 3329 Carrol St.

Filed 7/28 1907

MARY C. [illegible]
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 26 1907

that I last saw her alive on July 24 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse due to inability to take food

(DURATION) 2 days

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) about 1 year DAYS

(Signed) Wm H. Feldman M.D.

Address 800 1st Ave

Date July 27 1907

Place of Burial St. Marys Hum[illegible]

Date July 28 1907

Undertaker Horace Burgee

Address 3631 Falls Road

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 24 C 3156 Registered No. BC

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 E Raudall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Porst.

{Residence, if in Baltimore, Give Street and Number.} 400 E Raudall St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH Jan 8 1844

AGE 62 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany -

FULL NAME OF FATHER Christoph Tauz.

BIRTHPLACE OF FATHER (State or country) Germany -

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany -

OCCUPATION OF DECEASED Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Porst

(Address) 400 E Raudall

Filed 7/28 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to July 25 1907

that I last saw h-er alive on July 25 1907,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Uterus

(DURATION) 2 years

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C. P. Strauss M.D.

Address 1606 Light St

Date July 27 1907

Place of Burial Cedar Hill

Date July 28 1907

Undertaker Jos. Sternlicht

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 1 C 3157 Registered No. B C 3157

CERTIFICATE OF DEATH.

167 V

(Place of Death.) No. Johns Hopkins Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harris Flax

{Residence, if in Baltimore, Give Street and Number.} 946 Chesapeake St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Abraham Flax

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rebecca Harris

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Flax

(Address) 946 E Chesapeake st

Filed 7/28 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1220 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of body
(Acc.)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Cullen M.D.

Address Comm

Date July 28-07 1907

Place of Burial Thos Dal Cemet

Date July 28 1907

Undertaker Max Levinson

Address 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

11

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3158

Registered No. B .....

City of Baltimore, (No. 1200 Park ave St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry Miller

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Celie Rudstein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Miller

(Address) 1200 Park Ave.

Filed 7/28 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to July 27 1907 that I last saw h.. alive on July 27 1907, and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Albert F. Corney M. D.

July 28 1907 (Address) 1412 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Cemetery	July 28 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 3 C 3159 Registered No. B 68 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 920 Trinity St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth A M Manus

{Residence, if in Baltimore, Give Street and Number.} 920 Trinity St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 1 1846

AGE: 60 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dan Manus

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Manus

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Day. Mc Manus

(Address) 920 Trinity St

Filed 7/28/1907 F.H.J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from about June 1907 to July 26th 1907

that I last saw h[illegible] alive on July 26th 1907,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

E Pneumonia

(DURATION) DAYS

Contributory (Primary.) Pneumonia about 10 (DURATION) DAYS

(Signed) Geo B Reynolds M.D.

Address 809 N. Charles

Date July 27th 1907

Place of Burial Mt Calvary

Date July 29 1907

Undertaker Robt D Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

809 N Charles

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

22

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

134

CERTIFICATE OF DEATH.

C 3160

Registered No. B .....

City of Baltimore, (No. 222 S. Eutaw St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stanislaw Zadeikas

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May (Month) 23 (Day) 1907 (Year)

AGE ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Peter Zedekas

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Kalka Klagaburga

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Zedekas

(Address) 222 S Eutaw St

Filed 11/28 190 7 T K J Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 26 1907

that I last saw him alive on 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Cholera Morbus

One weeks (DURATION) ..... DAYS

Contributory Asthenia

4 day (DURATION) ..... DAYS

(Signed) A. J. Freedman M. D.

7/27 1907 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL St Stanislaus | DATE OF BURIAL July 28 1907

UNDERTAKER Jacob Jaskowski | ADDRESS 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 1 C 3161 Registered No. B

CERTIFICATE OF DEATH. C 3161 105 V

(Place of Death.) No. 3035 Elliott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Shewac

{Residence, if in Baltimore, Give Street and Number.} 3035 Elliott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~Mark~~ May 15 1907

AGE 1 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Jan. Shewac

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Kolawenska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED [redacted]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jan Shewac

(Address) 3035 Elliott St

Filed 7/29 1907 F K J Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 28 1907

that I last saw him alive on " 24 1907,

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate

Gastro - Enteritis

2 wks (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Charles Nuen M.D.

Address 6 J G & Pat & Park Ave

Date July 28 1907

Place of Burial St. Stanislaus

Date July 29. 1907

Undertaker Jos. Zborowski

Address 1742 Canton ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 3162 Registered No. BC 3162

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 428 Moore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Alex. Emmy

{ Residence, if in Baltimore, Give Street and Number. } 428 Moore St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 24 1906.

AGE: 1 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Nicholas Taylor.

BIRTHPLACE OF FATHER (State or country): Annapolis Md

MAIDEN NAME OF MOTHER: Edith Emmy

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Emmy

(Address) 428 Moore St

Filed 11/25 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 27 1907 that I last saw h[illegible] alive on July 26 1907, and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Colitis (DURATION) 5 DAYS

Contributory (Primary.)

Pertussis (DURATION) 60 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave.

Date July 27th 1907.

Place of Burial Mt. Auburn Cemetery.

Date July 28. 1907

Undertaker P. N. Gilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 17 C 3163 Registered No. B C 3165

CERTIFICATE OF DEATH.

(Place of Death.) No. 569 Biddle alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas A. Williams

{ Residence, if in Baltimore, Give Street and Number. } 569 Biddle alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: ..... years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Solmon Williams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Julia Jackson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Jackson

(Address) 569 Biddle alley

Filed 7/28 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1907

I HEREBY CERTIFY, That I attended deceased from July 15th 1907 to July 26th 1907

that I last saw him alive on July 26th 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro Intestinal Infection

1 week (DURATION) DAYS

Contributory (Primary.) Richets

not known (DURATION) DAYS

(Signed) Samuel A Bain M.D.

Address 619 Biddle

Date July 27th 1907

Place of Burial Mt Auburn Cemetery

Date July 28. 1907

Undertaker R N Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C-3164 thru
C-3167
missing

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 3168 Registered No. B 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 N. Wolfe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Schmidt.

{Residence, if in Baltimore, Give Street and Number.} 806 N Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 23rd 190?

AGE: — years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Schmidt

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Margaret Miller

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schmidt

(Address) 806. N Wolfe

Filed 7/29/ 190?

HARRY O. ANDRE
PERMIT CLERK

WM. J. C. DUI

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 190?

I HEREBY CERTIFY, That I attended deceased from July 18 190? to July 27 190? that I last saw h[illegible] alive on July 27 190?, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Cerebritis

(DURATION) ..... DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument

July 27

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of de***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 3169 Registered No. B C 3169

9V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mamie Lynch

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Inf. Asylum

Duration of Residence in Baltimore. [redacted] 1 mo + 9 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX 2 | COLOR W

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sing 4

BIRTHPLACE (State or country) Balt City

FULL NAME OF FATHER Dno Lynch

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Estella Phillips

BIRTHPLACE OF MOTHER (State or country) Carroll Co

OCCUPATION OF DECEASED No Sank

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Estella Lynch

(Address) 1401 Division

Filed 7/29/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 28 1907

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis following diphtheria

(DURATION) DAYS

Contributory (Primary.)

Pulmonary Tuberculosis (DURATION) DAYS

(Signed) P D Martin M.D.

Address

Date July 29 1907

Place of Burial St Peters

Date July 29 1907

Undertaker A S Marshall

Address 539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 3170 Registered No. B C 3170

CERTIFICATE OF DEATH.

64 2

(Place of Death.) No. 12. S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Weller

{Residence, if in Baltimore, Give Street and Number.} 12. S. Calhoun

Duration of Residence in Baltimore. 57

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH aug 25 1824

AGE 13 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brodbeck

(Address) 17 S Calhoun

Filed 7/29/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary.) Cerebral apoplexy (DURATION) DAYS

(Signed) Edward Jones M.D.

Address Coroner

Date July 27th 1907

Place of Burial Loudon Park cem

Date 7-29th 1907

Undertaker Robt. Brodbeck

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 3171 Registered No. B C 3171

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1001 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Trawinski

{Residence, if in Baltimore, Give Street and Number.} Balto

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 29 1905

AGE: 1 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michael Trawinski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Agnes Zygalto

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Trawinski

(Address) 1001 Chesapeake St

Filed 7/29 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 21 1907 that I last saw h im alive on July 21 1907, and that death occurred, on the date stated above, at 11.30

P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 14 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 8 DAYS

(Signed) M. Szmurlo M.D.

Address 922 S. Ann st

Date July 28th 1907

Place of Burial Holy Rosary.

Date Monday July 29th 1907

Undertaker M. F. Radowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 Registered No. B C 3172

C 3172

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Lurman Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer Volis

{ Residence, if in Baltimore, Give Street and Number. } 2407 E Chase St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH Mar 25 1903

AGE 4 years, 4 months, 3 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Rudolph H. Volis

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Waltrop

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Rudolph H. Volis

(Address) 2407 E. Chase

~~Filed~~ 7/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Burns (acc)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jos H Carnett M.D.

Address [illegible]

Date July 28 1907

Place of Burial Baltimore Cem

Date July 30 1907

Undertaker M. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 3173 Registered No. B C 3173

634

CERTIFICATE OF DEATH.

(Place of Death.) No. 74 Belair Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Bartling

{Residence, if in Baltimore, Give Street and Number.} 74 Belair Ave

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH March 31st 1842

AGE 65 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) G

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) G

OCCUPATION OF DECEASED Street Paver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bartling Wife

(Address) 74 Belair Ave

Filed 7/29 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1907

I HEREBY CERTIFY, That I attended deceased from July 18th 1907 to July 28th 1907

that I last saw him alive on July 28 1907

and that death occurred, on the date stated above, at 9.02 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Le Grippe

3 weeks (DURATION) DAYS

Contributory (Primary.) Bulbar Paral-

ysis 6 wks (DURATION) DAYS

(Signed) A. F. Ryton M.D.

Address 2204 E. Monument

Date July 29 1907 1907

Place of Burial Baltimore Cemetary

Date July 31st 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the Undertaker, or other person superintending the burial, to furnish within **eighteen hours after death**, to the Coroner, when the case comes under his notice, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 C 3174 Registered No. B C 3174

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 828, E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles W. Bell

{ Residence, if in Baltimore, Give Street and Number. } 828 E Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH 1

AGE — years, 8 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas H Bell

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Jennie Bussy

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H Bell

(Address) 828 E Pratt

Filed 7/29 190 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 190

I HEREBY CERTIFY, That I attended deceased from July 25 190 to July 27 190

that I last saw h. alive on July 26 190

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 2 DAYS

Contributory (Primary.) Intestinal

(DURATION) 1 DAYS

(Signed) Edw Grumpel M.D.

Address 611 Lexington

Date July 27 190

Place of Burial Greenmount

Date July 29 190

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 C 3175 Registered No. B C 3175

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1132 Saratoga St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Malinda Insley

{ Residence, if in Baltimore, Give Street and Number. } 1132 Saratoga

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH 1870

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Frank Smothers

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Louisa Johnson Malinda

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Smothers

(Address) 1132 N. Saratoga

Filed 7/29/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to July 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Consumption

2 yr (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Frank Jones M.D.

Address Coroners

Date July 27 1907

Place of Burial Loudon Park

Date July 29th 1907

Undertaker Sam'l M. Chase & Son

Address 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1052

CERTIFICATE OF DEATH.

Registered No. B C 3176

City of Baltimore, (No. 1219, Bayard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roland J Kroemer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 10th (Month) (Day) 1902 (Year)

AGE: ..... years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: George Kroemer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Fish

BIRTHPLACE OF MOTHER (State or country): Dorchester Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knell

(Address) 917 Columbus Ave

Filed 7/29 1902 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 27 (Day) 1902 (Year)

I HEREBY CERTIFY, That I attended deceased from July 15 1902 to July 27 1902 that I last saw him alive on July 27 1902, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Diarrhea and Enteritis

12 days (DURATION) ..... DAYS

Contributory asthenia

..... (DURATION) 1 DAYS

(Signed) J. E. Hynes M. D.

July 27 1902 (Address) 815 Columbus Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: July 29 1902

UNDERTAKER: J Knell & Son | ADDRESS: 807 Columbus Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 3177 Registered No. B C 3177

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 Raborg St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude E. Vaile

{ Residence, if in Baltimore, Give Street and Number. } 725 Raborg St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 1. 1907

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED X

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER W. Vaile.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER S. Wilson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Vaile

(Address) 725 Raborg st

Filed 7/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1907

I HEREBY CERTIFY, That I attended deceased from July 23d 1907 to July 29th 1907 that I last saw h alive on July 28 1907, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Acute Catarrhal Enteritis

Convulsions at Asthenia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656W Franklin St

Date July 29th 1907

Place of Burial St Peters Cemetary

Date July 30 1907

Undertaker James Dignan

Address 769 Lemburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94v

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3178

City of Baltimore, (No. 1030 N. Fulton Ave ~~Gwynn Avenue~~ Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hyatt P. Bauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | ~~COLOR~~ White

DATE OF BIRTH Mar 23 1883 (Month) (Day) (Year)

AGE 23 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Geo. Bauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Maggie Giltz

BIRTHPLACE OF MOTHER (State or country) Balto Co. Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Bauer

(Address) 1030 N Fulton Ave

Filed 7/29 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 28 1907 that I last saw him alive on July 27 1907, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Suppurative Pleurisy + necrosis of ribs (Tubercular) of about 6 yrs duration - Amyloid Liver etc. (DURATION) ~~DAYS~~

Contributory Asthenia - Renal suppression. (DURATION) DAYS

(Signed) J. Carroll Lockard M. D.

July 29 1907 (Address) 1621 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Dorsey Station Md	July 28 1907

UNDERTAKER W. F. Simmons & Sons ADDRESS Camden Pacific

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 3179 Registered No. B 1429

CERTIFICATE OF DEATH.

(Place of Death.) No. 1807 Belt Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Maria Rubli

{Residence, if in Baltimore, Give Street and Number.} 1807 Belt Ave

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 24 1821

AGE: 85 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): York Pa.

FULL NAME OF FATHER: Joseph Calhoun

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward J. Fanning

(Address) 1460 Battery Ave

Filed 7/29/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 24th 1907 to July 27th 1907 that I last saw her alive on July 27th 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Gangrene

(DURATION) ? DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. H. Hayden M.D.

Address 1425 Light St

Date July 28th 1907

Place of Burial Shrewsbury Pa

Date July 29th 1907

Undertaker Edw. J. Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 9 C 3180 Registered No. B C 3180

CERTIFICATE OF DEATH. 174

(Place of Death.) No. 123 Reece St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) Stokes

Full Name Olive Avon Stokes

{Residence, if in Baltimore, Give Street and Number.} 123 Reece St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Scalard

DATE OF BIRTH: 1

AGE: ....years, 3 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Olive Avon Stokes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Blanche Fray

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Olive Avon Stokes

(Address) 123 Reese st

Filed 7/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907.

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to July 28 1907 that I last saw h... alive on July 28 1907, and that death occurred, on the date stated above, at ....

The CAUSE OF DEATH (Secondary or Immediate)

Marasmus

.... (DURATION) .... DAYS

Contributory (Primary.) ....

.... (DURATION) .... DAYS

(Signed) R. H. G. Atwell M.D.

Address 424 - East 23 St.

Date July 28, 1907

Place of Burial Laurel

Date July 30 — 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3181

Registered No. B .....

City of Baltimore, (No. 649 E Clement St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard O Weidel Heinen

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Oct 21 1906 (Month) (Day) (Year)
AGE	5 months, 6 days (years, months, days)
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Harold Weidel Heinen
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mamie Conley
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harold Weidel-Heinen

(Address) 649 E Clement St

Filed 7/29 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 27 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 27 1907 that I last saw h[illegible] alive on July 27 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) ½ DAYS

Contributory Cerebral Meningitis

(DURATION) 1 DAYS

(Signed) J. H. Gresham M. D.

July 27 1907 (Address) 1363 Eyler

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	July 29 1907
UNDERTAKER	ADDRESS
John J Fahey	232 Hilliard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14

C 3182

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. BC 3182

City of Baltimore, (No. 1815 Druid Hill Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Woodland

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Woodland

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie Woodland

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Woodland

(Address) 1815 Druid Hill Ave

Filed 7/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to July 29 1907 that I last saw h alive on July 29 1907, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. A. McGinn M.D.

July 29 1907 (Address) 803 N. Mitchell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cut Auburn | DATE OF BURIAL: July 29 1907

UNDERTAKER: W. J. Johnson | ADDRESS: 614 Baker st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 3183 Registered No. B C 3183

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 2416 Stockton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name August William Rossler

{Residence, if in Baltimore, Give Street and Number.} 2416 Stockton St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1863

AGE: 44 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Rossler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Muller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida L. Rossler

(Address) 2416 Stockton St

Filed 7/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 22nd 1907 to July 26th 1907 that I last saw him alive on July 26th 1907 and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

about 6 months (DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) E. G. Shower M.D.

Address 1224 W. North ave

Date July 26th 1907

Place of Burial Loudon Park

Date July - 29th 1907

Undertaker Wm. M. Lauthrop

Address Nath & Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3184 Registered No. B C 3184

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 Ashland Av. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Fred. Amick

{Residence, if in Baltimore, Give Street and Number.} 1517 Ashland Av

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~July~~ September 16 1906

AGE: — years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Edward Amick

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Amelia V. Chaney

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Amick

(Address) 1517 Ashland Av.

Filed 7/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 — 1907.

I HEREBY CERTIFY, That I attended deceased from July 27 — 1907 to July 28 - 1907 that I last saw h~~im~~ alive on " " 1907 and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera infantum

(DURATION) 4 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline St.

Date July 29 — 1907

Place of Burial Baltimore County

Date July 30 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B C 3185

C 3185

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura E. Caldwell

{ Residence, if in Baltimore, Give Street and Number. } 910 N. Bond st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 13 1849

AGE 58 years, months 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John B. Clemment

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Naomi Malone

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wa. Caldwell

(Address) 910 N. Bond

Filed 7/29 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1907 to July 27 1907

that I last saw h-r alive on July 27th 1907, 6.55

and that death occurred, on the date stated above, at 7.55 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of left side; finally the brain was involved

Six months (DURATION) 27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. W. Simpson M.D.

Address 1026 N. Broadway

Date July 29th 1907

Place of Burial Mt. Olivet Cemetery

Date July 30 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — C 3186 — Registered No. B C 3186

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Hanburt St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Stumpf

{Residence, if in Baltimore, Give Street and Number.} 1122 Hanburt St

Duration of Residence in Baltimore. 4 mos +

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 15th 1907

AGE: ..... years, 4 months, 12 days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Stumpf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Wolf.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Stumpf

(Address) 1122 Hanburt St.

Filed 7/29/07 — HENRY G. ANDREAE, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to July 27 1907 that I last saw him alive on July 27 1907, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Stomach Failure — Exhaustion —

(DURATION) 1 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 2 DAYS

(Signed) E. Judson Wilkins M.D.

Address 2029 W. Balto St.

Date July 28 1907

Place of Burial Holy Cross Cem Co.

Date July 29th 1907

Undertaker Jos. Stumpf & Son

Address 318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3187 Registered No. B C 3187

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 837 Lemmon St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Cherry -

{ Residence, if in Baltimore, Give Street and Number. } 837 Lemmon St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas Cherry

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cherry

(Address) 837 Lemmon St

Filed 7/29 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from Apr 1 1907 to July 27 1907

that I last saw him alive on July 26 1907

and that death occurred, on the date stated above, at 5.45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F Edmund Smith M.D.

Address 578 Hanover St.

Date July 29 1907

Place of Burial Mt. Auburn Cem

Date July 29 1907

Undertaker Jno H. Toadvine

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3188 Registered No. B C 3188

15

CERTIFICATE OF DEATH.

(Place of Death.) No. 317 S. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Irene Brown

{ Residence, if in Baltimore, Give Street and Number. } 317 S. Spring st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	June 28th 1907
AGE	..... years, ... months, 30 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James Brown
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Bertha Ratke
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Brown

(Address) 317 S. Spring St.

Filed 7/29/07 190.. HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1907

I HEREBY CERTIFY, That I attended deceased from July 25th 1907 to July 28th 1907

that I last saw her alive on July 27 1907,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5 DAYS

Contributory (Primary.) Cyanosis

(DURATION) 30 DAYS

(Signed) Jacob L. Wrenn M.D.

Address 1735 Bank st

Date ..... 190..

Place of Burial Mt. Carmel Cem

Date July 29 190..

Undertaker H. Sanders Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C 3189 Registered No. B C 3189

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 S. Bary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Thomas J. Kerr

{ Residence, if in Baltimore, Give Street and Number. } 130 S. Bary St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 18th 1907

AGE: ..... years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James F. Kerr

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Catherine M. Todd

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine M. Kerr

(Address) 130 S. Bary St

Filed 7/29 1907

MARY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 27 1907

that I last saw him alive on July 27 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or immediate)

Gastro Enteritis

(DURATION) 18 DAYS

Contributory (Primary.) Asthenia (DURATION) 2 DAYS

(Signed) Henry C. Ohle M.D.

Address 1700 W. Fayette St.

Date July 28th 1907

Place of Burial Holy Cross

Date July 29th 1907

Undertaker Jno. A. Inman

Address Bank & Monroe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 3150 Registered No. B C 3150

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~2433 E. Federal~~ Mr Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evelyn Albrecht.

{Residence, if in Baltimore, Give Street and Number.} 2433 East Federal St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH Apr 27 1906

AGE 1 year, 3 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Geo F Albrecht

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Blanch Hopkins

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo F Albrecht

(Address) 2433 E Federal

Filed 7/29 1907 BAKER CO ADDRESS PERMIT CLERK Registrar

~~July~~ 28 Apr 27

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to July 28 1907 that I last saw her alive on July 28 1907 and that death occurred, on the date stated above, at 5:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Intestinal Intoxication

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Lyman Whittle M.D.

Address Baltimore Md

Date July 29. 1907

Place of Burial Baltimore Cemetery

Date July 30th 1907

Undertaker William Work

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 3191 Registered No. B C 3191

150v

CERTIFICATE OF DEATH.

(Place of Death.) No. 66 Centre Market Space St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta M. North

{Residence, if in Baltimore, Give Street and Number.} 66 Centre Market Space

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 22" 1907

AGE — years, — months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John W. North

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary E. Prendergast.

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. North

(Address) 66 Centre Market Space

Filed 7/29 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28" 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 28 1907

that I last saw h er alive on July 28 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Non Compos

From Birth

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S. Broadway

Date July 28 1907

Place of Burial Cathedral Cemetery

Date July 29" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3192 Registered No. B 2[illegible]9 C 3192

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver C. Lyon

{Residence, if in Baltimore, Give Street and Number.} 309 E. 25th St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 11th 1855

AGE: 52 years, 5 months, 16 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William L. Lyon

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarafelia C. Berryman

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter R Lyon

(Address) 309 E. 25th St.

Filed 7/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from about 3 wks ago to July 27 1907 that I last saw h[illegible] alive on " " 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (tubercular)

about 1 week (DURATION) DAYS

Contributory (Primary.) arterial sclerosis

indefinite (DURATION) DAYS

(Signed) J. F. Scammell M.D.

Address 2226 Madison Ave.

Date July 27 1907

Place of Burial Greenmount

Date July 29th 1907

Undertaker H. W. Jenkins Sons Co

Address 300 W Madison or Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 3193 Registered No. B C 3193

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Belt

{ Residence, if in Baltimore, Give Street and Number. } 277 Hickory Ave.

Duration of Residence in Baltimore. 59 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Sept 15th 1851

AGE 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Nimrod Basrman

BIRTHPLACE OF FATHER (State or country) Howard Co.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. T Belt

(Address) 277 Hickory ave.

Filed 7/29 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 26 1907 that I last saw h.. alive on July 26 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock following operation

(DURATION) 4 hours ~~DAYS~~

Contributory (Primary.) Empyaema of Gall Bladder & Peritonitis (DURATION) 6 ~~Days~~ weeks

(Signed) Geo. H. Fluegel M.D.

Address St. Joseph's Hospital

Date July 26 1907

Place of Burial St Marys Hampden

Date July 29th 1907

Undertaker W. E. Glennworth & Son

Address 919 Third ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 21

Registered No. B C 3194

C 3194

CERTIFICATE OF DEATH.

105 W

(Place of Death.) No. 107 W. Hughes St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Wilson

{Residence, if in Baltimore, Give Street and Number.} 107 W. Hughes St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: January 2 1907

AGE: — years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Gilbert Wilson C.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Alice Johnson C.

BIRTHPLACE OF MOTHER (State or country): Essex Co Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Johnson

(Address) 107 W Hughes St

Filed 7/29 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas McEnnhardt M.D.

Address Coroner

Date July 29 1907

Place of Burial Mt Auburn Cem

Date July 30th 1907

Undertaker I. L. Brown and Son

Address 108 W. Montgomery st

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 9 — C 3195 — Registered No. B C 3195

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1926 E Preston St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Edward Charles Heinzinger

{Residence, if in Baltimore, Give Street and Number.} 1926 E Preston

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 28 1907

AGE 3 hours — years — months — days

SINGLE, MARRIED, WIDOWED, or DIVORCED [redacted]

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Charles Heinzinger

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Olivia Reutz

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED [redacted]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C Heinzinger

(Address) 1926 E Preston

Filed 7/29 1907 — [illegible] Registrar

[illegible] PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to July 28 1907

that I last saw her alive on July 28 1907

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Primary Peritonitis

(DURATION) [redacted]

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. William Frame M.D.

Address 1407 N Ray

Date July 29, 1907

Place of Burial Stacy Cem

Date July 29 1907

Undertaker Robt J Schmeltz

Address 1424 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3196 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Carlin Holland Piney Province (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name James F Bennett

{ Residence, if in Baltimore, Give Street and Number. } St Marys Co Md

Duration of Residence in Baltimore. ——

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) St Mary Co Md

FULL NAME OF FATHER Louis E Bennett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis E Bennett

(Address) St Marys Co Md

Filed 7/29 1907

CLARA C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from —— 190.. to —— 190..

that I last saw h.. alive on .. 190..,

and that death occurred, on the date stated above, at ..

..M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 E Lanvale St

Date July 26 1907

Place of Burial St Marys Co Md.

Date July 29 1907

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3197 Registered No. B C 3197

81 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 53 N. Caroline St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Schneider

{Residence, if in Baltimore, Give Street and Number.} 53 N. Caroline St.

Duration of Residence in Baltimore. about 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug. 23rd 1835
AGE	71 years, 11 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Frederick Schneider

(Address) 53 N. Caroline St.

Filed 7/29 1907

HENRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1907

I HEREBY CERTIFY, That I attended deceased from June 8th 1907 to July 28th 1907 that I last saw her alive on July 27th 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate.)

General
Arterio sclerosis

(DURATION) 50 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Shipwash M.D.

Address 57 N. Washington st.

Date July 29th 1907

Place of Burial Trinity Cemetery

Date July 30th 1907

Undertaker German Franc

Address Bank and Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C 3198

C 3198

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2833 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant daughter of Robert & Jessie Magee

{Residence, if in Baltimore, Give Street and Number.} 2833 N. Calvert st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 28 1907

AGE: 6 hours. (years, months, days)

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert Magee

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jessie McKenny

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Est London

(Address) 1403 W Fayette

Filed 7/29 1907 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to July 28 1907 that I last saw her alive on July 28 1907, and that death occurred, on the date stated above, at 10 M.

CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility of Heart. 6 hrs. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. London M.D.

Address 1403 W Fayette st

Date July 29 1907

Place of Burial Druid Ridge

Date July 29 1907

Undertaker Wm Cook

Address 5026 Harford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 3199 Registered No. B C 3199

CERTIFICATE OF DEATH.

12.0 V

(Place of Death.) No. 1734 N. Patt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Kehoe

{Residence, if in Baltimore, Give Street and Number.} 1734 N. Patt St.

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Wh

DATE OF BIRTH 1

AGE 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Kehoe

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Casey

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Kehoe

(Address) 1313 Madison Ave

Filed 7/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from May 28 1907 to July 28 1907

that I last saw him alive on July 27 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease.

(DURATION) 58 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. P. Herzog M. D. M.D.

Address 1601 N. Patterson Park Ave

Date July 28 1907

Place of Burial Holy Cross

Date July 30th 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 2 C 3200 Registered No. B C 3200

166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743. Alice anne St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Henry Latosinski

{ Residence, if in Baltimore, Give Street and Number. } 1743. Alice anne St

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: about 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Latosinski

(Address) 602 S. Milton Av

Filed 7/29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Schock from a fall down Stairs

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Dudley M.D.

Address 320 N Howard St

Date 190

Place of Burial Holy Rosary

Date July 30 1907

Undertaker Jno Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Overlaan

Ward 17 C 3201 Registered No. B C 3201

CERTIFICATE OF DEATH.

(Place of Death.) No. 436 Sarrain Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm D Engleman

{Residence, if in Baltimore, Give Street and Number.} 436 Sarrain Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Jan. 21 1907
AGE	— years, 6 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wm D. Engleman
BIRTHPLACE OF FATHER (State or country)	Ohio
MAIDEN NAME OF MOTHER	Maud Spoerly
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm D Engleman

(Address) 436 Sarrain Ave

Filed 7/29/07 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28-07 190

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 28 1907 that I last saw him alive on July 28 1907 and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Athrepsia

3 months. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A W Gallden. M.D.

Address 2631 Yk Rd

Date 7/28/07 190

Place of Burial Union Bridge

Date July 30 1907

Undertaker Lowe Cook

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Overlaid

Ward 12 C 3202 Registered No. B C 3202

CERTIFICATE OF DEATH.

(Place of Death.) No St Lukes Hospital 114 116-118 W North St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Ann Coburn

{ Residence, if in Baltimore, Give Street and Number. } X

Duration of Residence in Baltimore. X

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: Female / COLOR: White	DATE OF DEATH: July 28 1907
DATE OF BIRTH: Oct 6 1849	I HEREBY CERTIFY, That I attended deceased from June 3 1907 to July 28 1907
AGE: 57 years, 9 months, 22 days	that I last saw her alive on July 28 1907,
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED.~~	and that death occurred, on the date stated above, at 6.2[0] P.M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country): Grandspring, Va Shenandoah Co.	Cancer of uterus
FULL NAME OF FATHER: Wm Fetzer	
BIRTHPLACE OF FATHER (State or country): X	
MAIDEN NAME OF MOTHER: Mary Ann Fetzer	For about 2 yrs (DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country): Grandspring Va	Contributory (Primary.) (DURATION) DAYS
OCCUPATION OF DECEASED: Dressmaker	(Signed) Wm Dulany Thomas, M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 6337 Carrollton Ave.
(Informant) Wm W. Coburn	Date July 28 1907
(Address) 734 W. Hamburg	Place of Burial Winchester Va
Filed 7/29/07 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar	Date July 30 1907
	Undertaker Wm C Cook
	Address 1507 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3203 Registered No. B 3203

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 Kaufmann at St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Solomon J. Burns

{Residence, if in Baltimore, Give Street and Number.} 5 Kaufmans at

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Samuel Burns

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Mary J. Mills

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Burns

(Address) 1221 N. Broadway

Filed 7/29 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 28 1907 that I last saw h alive on July 27 1907, 8:30 and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Alcoholism

3 weeks (DURATION) DAYS

Contributory (Primary) Cardiac failure

(DURATION) 3 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light st

Date July 29 1907

Place of Burial Mount Olivet Cemetery

Date August 1st 1907

Undertaker Armstrong Denny Co.

Address 715 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 3204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3204

City of Baltimore, (No. 1019 Clifton Place Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine E. Mooney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 29 (Day) 1865 (Year)

AGE: 42 years, 11 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thos. M. Mooney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine E. Mooney

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Music Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Sister

(Address) 1019 Clifton Place

~~Filed~~ 7/27 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 26 1907 that I last saw her alive on July 26 1907, and that death occurred, on the date stated above, at 8.15 P. M. The CAUSE OF DEATH was as follows:

Asthenia + Heart-Failure.

3 or 4 hours (DURATION) DAYS

Contributory Acute Nephritis. + Pneumonia (DURATION) 6 or 7 DAYS

(Signed) Mary F Voegtlein M. D.

July 28 1907 (Address) 1024 Valley St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: July 30 1907

UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 9. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 3205 Registered No. B C 3205

CERTIFICATE OF DEATH.

1717

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Ryan

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents' Inf. Asy

Filed 7/29 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to July 27 1907

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Intention

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Patrick F Warren M.D.

Address .....

Date July 29 1907

Place of Burial New Cathedral

Date July 29th 190 7

Undertaker, D Martin Carey & Sons.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3206 Registered No. B C 3206

CERTIFICATE OF DEATH.

(Place of Death.) No. 1337 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Gungie Crump

{Residence, if in Baltimore, Give Street and Number.} 1337 North Carey st

Duration of Residence in Baltimore. ~~Life~~ one year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: June 29th 1907

AGE: — years, — months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Edward Crump

BIRTHPLACE OF FATHER (State or country): Unknown.

MAIDEN NAME OF MOTHER: Gungie Smith

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannie Brown

(Address) 1337 N. Carey St

Filed 7/29 1907 HARRY O. ANDR Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Premature Birth (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (Corner)

Date July 29th 1907

Place of Burial Cit Auburn

Date July 29 1907

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3207 Registered No. B C 3207

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 N. Eden St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward W. J. Hammann

{Residence, if in Baltimore, Give Street and Number.} 316 N. Eden St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 23rd 1907

AGE: ..... years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jacob W. Hammann

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Thomas.

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hammann

(Address) 316 N. Eden St

Filed 7/29/07 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 28 1907

that I last saw h alive on July 28 1907 7.10

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) 6 DAYS

Contributory (Primary.) Marasmus

+Summer Diarrhoea (DURATION) 3 weeks DAYS

(Signed) O H Dunton M.D.

Address 928 E. North Ave

Date July 29 1907

Place of Burial Western Cem

Date 7/30/07 190

Undertaker J. Herring & Son

Address 900 E. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

Registered No. B C 3208

C 3208

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hosp. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Berthold

{ Residence, if in Baltimore, Give Street and Number. } No C. Hosp.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: June 28th 1907	
AGE: ....years, ...months, 28 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stout

(Address) N. C. Hosp.

Filed 7/28/07 190.

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25th 1907

I HEREBY CERTIFY, That I attended deceased from July 12th 1907 to July 25 1907 that I last saw h~~im~~ alive on July 25 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edw. Hagerdorn M.D.

Address 922 Madison Ave

Date 190

COLLEGE OF P. & S

Place of Burial

Date JUL 27 1907 190

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

180

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 3209 Registered No. B 1056

CERTIFICATE OF DEATH.

(Place of Death.) No. 438 Moore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roy allen

{ Residence, if in Baltimore, Give Street and Number. } 438 Moore St.

Duration of Residence in Baltimore. Two months.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Bl

DATE OF BIRTH May 26th 1907

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Allen

(Address) 438 Moore st

Filed 7/29/07 190 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 26 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 26 1907 that I last saw h- alive on July 26 1907 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

Acute Gastritis.

(DURATION) 2 DAYS

Contributory (Primary.) Diarrhea

(DURATION) 6 DAYS

(Signed) William W. Bruce M.D

Address Balt. General Hospital

Date July 26 1907

Place of Burial COLLEGE OF P. & S

Date July 27 1907

Undertaker Commissioner Health

Address Steuart Settlement

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

81

Ward 4 C 3210 Registered No. B C 3210

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Johnson

{Residence, if in Baltimore, Give Street and Number.} None

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W
DATE OF BIRTH 1	
AGE 55 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/29 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 27 1907

that I last saw h.. alive on July 27 1907

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

(DURATION) 360 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 10 DAYS

(Signed) H H Eshen M.D.

Address City Hospital

Date July 29 — 1907

Place of Burial JOHNS HOPKINS HOSPITAL JUL 29 1907

Date 190

Undertaker Coroner Inclosure Hospital

Address Health Department

FOR ANATOMICAL PURPOS.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

81

Ward 7 C 3211 Registered No. B C 3211

CERTIFICATE OF DEATH.

105

(Place of Death.) No. ~~1110 Watson St~~ Mt Wilson Md St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nesbit Paulson

{Residence, if in Baltimore, Give Street and Number.} 1105 Watson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR Black
DATE OF BIRTH July 25 1907	
AGE ..... years, 6 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 25 1907 that I last saw h alive on July 24 1907 and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Marantic Colitis

Two months. (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) Henry L. White M.D.

Address 906 Gorsuch ave

Date July 27 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 29 1907 190

Commissioner of Health

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

181

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 3212

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1054

CERTIFICATE OF DEATH.

Registered No. B ..... C 3212

City of Baltimore, (No. 1735 Spendsbury Pl St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Cornelius Hoggard.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: April 9th 1907 (Month) (Day) (Year)

AGE: ~~years~~ 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Alfred Hoggard

BIRTHPLACE OF FATHER (State or country): Bertie Co. N. C.

MAIDEN NAME OF MOTHER: Sarah Greenlee

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Hoggard

(Address) 1735 Prestbury St.

Filed 7/29 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28th 1907 to ..... 190.....

that I last saw h~~im~~ alive on July 28 1907,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Diarrhea and Enteritis

(DURATION) 3 DAYS

Contributory Convulsions

(DURATION) one ~~DAYS~~ Hour

(Signed) William J. Sherman M. D.

July 29 1907 (Address) 1701 N. Fulton Av,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 29 1907

UNDERTAKER: Commissioner Health

ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

3/1

Ward ..... C 3213 Registered No. B C 3213

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hoffman

{Residence, if in Baltimore, Give Street and Number.} 915 S. Paterson Street

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 51 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kelley

(Address) 915 Paterson st

Filed 7/29/07 190.. HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28" 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 28 1907

that I last saw her alive on July 28 1907

and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

Pneumonia

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkins Hospital

Date July 190 7

Place of Burial Loudon Park Cem.

Date JUL 30 1907 190..

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 3214 Registered No. B 63214 15V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Kardau

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: About June 15 1907

AGE: — years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: U

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 7/29 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to July 28 1907 that I last saw h alive on July 27 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 40 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date July 28 1907

Place of Burial Cathedral Cemetery

Date July 30th 1907

Undertaker Felix B Pye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3215 Registered No. B C 3215

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 795 George St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bartholmew Collins

{Residence, if in Baltimore, Give Street and Number.} 795 George

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Bartholmew Collins

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Public Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Collins

(Address) 795 George St.

Filed 7/29/07 190 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1907

I HEREBY CERTIFY, That I attended deceased from Jan ~ 1906 to July 28th 1907

that I last saw him alive on July 27th 1907, and that death occurred, on the date stated above, at 4.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Debility, Nephritis
Asthmia.

(DURATION) 90 DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 385 DAYS

(Signed) John F. McCarthy M.D.

Address 656 W Franklin St

Date 190

Place of Burial St. Patricks

Date July 30 1907

Undertaker William Cook

Address 507 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B C 3216

CERTIFICATE OF DEATH.

(Place of Death.) No. 322 E. Biddle St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Katherine C. Johnson

{Residence, if in Baltimore, Give Street and Number.} 322 E Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 16 1866.

AGE: 41 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter Wilhelm.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Rabecca Feldeman.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Johnson.

(Address) 322 E Biddle.

Filed 7/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1st 1907 to July 28 1907

that I last saw h alive on July 27 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 10 DAYS

Con'ributory (Primary.) Carcinomer of the uterus (DURATION) One year

(Signed) H G Beck M.D.

Address 214 E Preston St

Date July 28 1907

Place of Burial Greenmount

Date July 30 1907

Undertaker Leonhardt

Address 508 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 3217 Registered No. B C 3217

15 IV

CERTIFICATE OF DEATH.

(Place of Death.) No. 1309 Valley St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Baby Doyle~~ James Doyle

{ Residence, if in Baltimore, Give Street and Number. } 1309 Valley St.

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 28th 1907

AGE ..... years, ... months, 5 hours ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James P. Doyle

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Margaret Lacey

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. Doyle

(Address) 1309 Valley St.

Filed 7/29/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1907

I HEREBY CERTIFY, That I attended deceased from July 28th 1907 to July 28th 1907 that I last saw h..... alive on July 28th 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.
Estimated about 32 Weeks advanced.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Louis M. Allen M.D.

Address 814 Park Ave.

Date July 29th 1907

Place of Burial Cathedral

Date July 29 1907

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3218 Registered No. B [illegible] 137V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 W Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah C. Spies

{Residence, if in Baltimore, Give Street and Number.} 1410 W Lanvale St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	Oct 26 1814
AGE	32 years, 9 months, 2 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Allan Johannes
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Agnes Reid
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M Spies

(Address) 1410 W Lanvale St

Filed 7/29 1907

[illegible] Registrar

HARRY O. [illegible]
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to July 28 1907 that I last saw h[illegible] alive on July 28 1907, and that death occurred, on the date stated above, at 3 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Infection
Erysipelas

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W B Burns M.D.

Address 82 N. Carrollton Ave

Date July 29 1907

Place of Burial Druid Ridge Cem

Date July 30 1907

Undertaker Chas E Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 3219 Registered No. B C 3219

CERTIFICATE OF DEATH.

6/V

(Place of Death.) No. 424. S. Paca st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Brazier

{Residence, if in Baltimore, Give Street and Number.} 424. S. Paca st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 4th 1907

AGE: 2 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John B Brazier

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Benjamin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. John Brazier

(Address) 424 St Paca st

Filed 7/29" 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28th 1907

I HEREBY CERTIFY, That I attended deceased from July 20th 1907 to July 28th 1907 that I last saw him alive on July 27th 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Luckenbaugh M.D.

Address 918. S. Paca st.

Date July 28th 1907

Place of Burial St Aloysius

Date July 30" 11 1907

Undertaker H S Frank

Address 2113 N Pratt st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3220 Registered No. B C 3220

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 407. Sth. Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Loretta Kraemer

{Residence, if in Baltimore, Give Street and Number.} 407. Sth. Smallwood St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH February 18 1907

AGE ..... years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Charles Kraemer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Julia Bergman

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Kraemer

(Address) 407 S Smallwood St

Filed 7/29 1907 HARRY D. ANDREWS. REGISTRAR Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1907

I HEREBY CERTIFY, That I attended deceased from July 2d 1907 to July 29th 1907 that I last saw her alive on July 26th 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Suffered from diarrhoea when first seen developing in Entero-Colitis Existing (DURATION) 21 DAYS

Contributory (Primary.) when the child died of ethan (DURATION) DAYS

(Signed) C. L. Heinrich M.D.

Address 2151. Wilkens Ave

Date July 29th 1907

Place of Burial Loudon Park

Date July 30 1907

Undertaker L. S. Frink

Address 2118 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

C 3221

Registered No. B .....

City of Baltimore, (No. NE Cor Chase & Eden St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Read

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 20 (Day) 1907 (Year)

AGE: ..... years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: May Read

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson. Ins D

(Address) 1103 N Eden St

Filed July 30 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to July 29 1907 that I last saw him alive on 7/29 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Cholerine Infantum
about two weeks (DURATION) DAYS

Contributory Hot weather (DURATION) DAYS

(Signed) E. L. Peterson M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: 7-30 1907

UNDERTAKER: Robt Brookes — ADDRESS: 17 Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 3222 Registered No. B

CERTIFICATE OF DEATH.

105V

(Place of Death.) No. 519 Gold St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah J. Mackey

{ Residence, if in Baltimore, Give Street and Number. } 519 Gold st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colred

DATE OF BIRTH: Dec. 21 st 1901

AGE: ..... years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Asbury B. Mackey

BIRTHPLACE OF FATHER (State or country): Queen ann Co Md

MAIDEN NAME OF MOTHER: Sarah E. Newman

BIRTHPLACE OF MOTHER (State or country): Queen ann Co Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Mackey

(Address) 519 gold st

Filed 7/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1907

I HEREBY CERTIFY, That I attended deceased from .....1907..... to .....1907.....

that I last saw h..... alive on .....1907.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

..... (DURATION) 10 DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette (Corner)

Date July 29th 1907 ✓

Place of Burial Mount auburn

Date July 30 1907

Undertaker John H Owens & Son

Address 1122 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3223

City of Baltimore, (No. 2271 E. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leo Liverman

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male.
COLOR	white.
DATE OF BIRTH (Month) (Day) (Year)	November 12 1902.
AGE	4 years, 8 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John August Lieman
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Rose Anna Robinson
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John August Lieman

(Address) 2271 E. Preston St

Filed 7/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 29 1907 that I last saw him alive on " 28 1907, and that death occurred, on the date stated above, at 12 30 M. The CAUSE OF DEATH was as follows:

Gastro - Enteritis

10 (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Frank C Bressler M. D.

July 29 1907 (Address) 1713 Bank St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cemetery	July 31 1907
UNDERTAKER	ADDRESS
Geo Rossell	1442 N Gay

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C 3224 Registered No. B C 3224

1764

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Poultney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo Fuster

{ Residence, if in Baltimore, Give Street and Number. } 15 Poultney St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 29 1907

AGE ..... years ..... months 5 Min. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph M Fuster

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Cassily

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph M Fuster Father

(Address) 15 Poultney St

Filed 7/30 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Prolonged Labor

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. M. Leonhardt M.D.

Address 1017 S Charles St

Date July 29 1907

Place of Burial Holy Cross, A.A. Co

Date July 30 1907

Undertaker John J Fahey

Address 1232 Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 ✓

CERTIFICATE OF DEATH.

Registered No. BC 3225

City of Baltimore, (No. 1130 ~~1130~~ Homewood Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary M. Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH January 18 1846
(Month) (Day) (Year)

AGE 60 years, 6 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER James Hooper

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Susan Smith

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1130 Homewood Ave.

Filed 7/30 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 25th 1907 to July 29th 1907 that I last saw her alive on July 28th 1907, and that death occurred, on the date stated above, at ..... a. m. The CAUSE OF DEATH was as follows:

Chronic Nephritis
Arteriosclerosis
Cardiac Hypertrophy and Dilatation.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Louis Hamman M. D.

July 29, 1907 (Address) 21 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL London Park Cemetery

DATE OF BURIAL July 31 1907

UNDERTAKER Evans & Spence

ADDRESS 118 & 120 W. Mt. Royal Ave.

✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1 a-V

CERTIFICATE OF DEATH.

Registered No. B 3226

City of Baltimore, (No. 1103 N Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Louis Rothberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: May (Month) 26th (Day) 1907 (Year)
AGE: ..... years, 2 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED:
BIRTHPLACE (State or country): Balto Md
FULL NAME OF FATHER: Louis Rothberg
BIRTHPLACE OF FATHER (State or country): Russia
MAIDEN NAME OF MOTHER: Bessie Blum
BIRTHPLACE OF MOTHER (State or country): Russia
OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Becka Hurwitz
(Address) 236 S. High St.

Filed 7/30 1907
HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 28 1907 that I last saw him alive on 28 July 1907, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Cholera infantum
about a week (DURATION) DAYS
Contributory Exhaustion from heat
(DURATION) DAYS

(Signed) Ed. Peterson M. D.
July 29 1907 (Address) 1038 Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Hebrew Cemetery
DATE OF BURIAL: 7/31 1907
UNDERTAKER: Jacob Ahrens Co
ADDRESS: 704 N Eden

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 3227 Registered No. B 3227

CERTIFICATE OF DEATH.

(Place of Death.) No. 815 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David Cottman

{ Residence, if in Baltimore, Give Street and Number. } 815 Hollins St.

Duration of Residence in Baltimore. Life

C. 3227

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR C.

DATE OF BIRTH Dec 15 1837

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Morelle Cottman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elijah Fisher

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Smith

(Address) 806 Ensor St.

Filed 7/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 27 1907 that I last saw h alive on July 27 1907 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Marasmus

Contributory (Primary.) Cystitis

(DURATION) ..... DAYS

(Signed) A. L. Levy M.D.

Address 733 Cathedral St.

Date 7/29/07 1907

Place of Burial Laurel

Date July 30th 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 3228 Registered No. B [illegible]

CERTIFICATE OF DEATH.

614

(Place of Death.) No. 1034 Argyle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexander Banks

{Residence, if in Baltimore, Give Street and Number.} 1034 Argyle Ave

Duration of Residence in Baltimore. 35 Years C.3228

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ——— 1842

AGE: 65 years, ? months, ? days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: ——— Banks

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Banks

(Address) 1034 Argyle Ave

Filed 7/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to July 29 1907 that I last saw h[illegible] alive on July 29 1907, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral meningitis

(DURATION) 21 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) S. Bernard Hughes M.D.

Address 705 George St

Date July 29th 1907

Place of Burial Laurel

Date July 31 — 1907

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 3229 Registered No. B C 3229

50K

CERTIFICATE OF DEATH.

(Place of Death.) No. 518 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Pearson

{ Residence, if in Baltimore, Give Street and Number. } 518 Union St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ——— 1

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm William

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 518 Union St

Filed 7/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27th 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to July 27 1907 that I last saw h er alive on July 26 1907, and that death occurred, on the date stated above, at 7 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute L. Pneumonia (DURATION) 3 DAYS

Contributory (Primary.) Diabetes (DURATION) 18 mos.

(Signed) W. Grant Scott M.D.

Address 354 N. Biddle St

Date July 28th, 1907

Place of Burial Mt. Auburn

Date July 30th 1907

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3230 Registered No. B ..... C 3230

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 2202 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Frances Shilling

{Residence, if in Baltimore, Give Street and Number.} 2202 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John C Shilling

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Catharine Hughes

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lou Bennett Pt Hill

(Address) 2202 Bank St.

Filed 7/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28, 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to July 28 1907

that I last saw h alive on July 28 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Phisic

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) 21 DAYS

(Signed) ..... M.D.,

Address 17 S Broadway

Date Balto Md July 29 1907

Place of Burial Greenmount

Date July 31 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward Dist 6. C 3231 Registered No. B C 3231

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of William & Gertrude Carey.

{Residence, if in Baltimore, Give Street and Number.} 3602 Park Heights Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male.	White
DATE OF BIRTH	July 27 1907
AGE	..... years, ... months, 2½ days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	William ~~James~~ Carey.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Gertrude Spicer
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~James~~ William Carey

(Address) 3602 Park Heights Ave

Filed 7/30 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 29 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to July 29 1907 that I last saw h[illegible] alive on July 29 1907 and that death occurred, on the date stated above, at 10- P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions ~~of~~

..... (DURATION) — DAYS

Con'tributory (Primary.) Premature birth —

..... (DURATION) — DAYS

(Signed) W W Eshen — M.D.

Address City Hospital

Date July 30 1907

Place of Burial Mt. Calvary

Date July 30 1907

Undertaker Martin Jakey & Son

Address 606 W Lafayette Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 0

C 3232 Registered No. B

CERTIFICATE OF DEATH.

1057

(Place of Death.) No. 1835 Harford Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Marion H. Ridley

{Residence, if in Baltimore, Give Street and Number.} 1835 Harford Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 5th 1906

AGE: ..... years, 7 months, 24 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: David H. Ridley

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Linnie Shelley

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Nil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1835 Harford Ave

Filed 7/30 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 — 1907

I HEREBY CERTIFY, That I attended deceased from July 26 - 1907 to July 29 - 1907

that I last saw h alive on July 28 - 1907

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cholera infantum

(DURATION) 4 DAYS

Contributory (Primary) —

(DURATION) DAYS

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline St.

Date July 29 1907.

Place of Burial London Park Cemetery

Date July 30th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

6 iv

(Place of Death.) No. 270 Harford Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Orville Boughter

{Residence, if in Baltimore, Give Street and Number.} 270 Harford Road

Duration of Residence in Baltimore. Life

C 3233

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 8 1906

AGE: ..... years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Edmund Boughter

BIRTHPLACE OF FATHER (State or country): Harford Co. Md.

MAIDEN NAME OF MOTHER: Alice C. Cole

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund Boughter

(Address) 270 Harford Road.

Filed 7/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 28 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to July 28 1907

that I last saw him alive on July 29 1907

and that death occurred, on the date stated above, at 1 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Meningitis

..... (DURATION) ..... DAY

Contributory (Primary.) .....

..... (DURATION) ..... DAY

(Signed) H. young Westbrook M.D

Address 237 Gilmor avenue

Date July 30 1907

Place of Burial Oak Lawn Cemetery

Date July 31st 1907

Undertaker Henry Hoeck Sons

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C 3234

C 3234

80 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 722 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lorenz Deimel

{Residence, if in Baltimore, Give Street and Number.} 722 N. Caroline st

Duration of Residence in Baltimore. 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 7th 1837

AGE: 69 years, 9 months, 22 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Deimel

(Address) 722 N. Caroline st

Filed 7/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: JUL 29 1907 190

I HEREBY CERTIFY, That I attended deceased from July 14. 1907 to July 29. 1907

that I last saw him alive on July 27 1907

and that death occurred, on the date stated above, at 2 00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis Hepatis

(DURATION) 46 DAYS

Contributory (Primary.)

Myocardial Degeneration (DURATION) Unknown DAYS

(Signed) Geo. A. Hartman M.D.

Address 102 N. Caroline St.

Date JUL 29 1907 190

Place of Burial Baltimore Cemetery

Date July 31st 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Geo. Hartman

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — Registered No. B C 3235 — 1124

CERTIFICATE OF DEATH.

(Place of Death.) No. 2008 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo W. Myers.

{Residence, if in Baltimore, Give Street and Number.} 2008 Druid Hill Ave.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White.

DATE OF BIRTH: Aug 8th 1833

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md.

FULL NAME OF FATHER: Geo W.

BIRTHPLACE OF FATHER (State or country): Balto Co Md.

MAIDEN NAME OF MOTHER: Ruth Myers.

BIRTHPLACE OF MOTHER (State or country): Balto Co Md.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Silas Jennings

(Address) 2008 Druid Hill Ave.

Filed 7/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1907

I HEREBY CERTIFY, That I attended deceased from May 1st 1907 to July 28th 1907

that I last saw him alive on July 28th 1907

and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrosis of Liver

(DURATION) 6 M'ths DAYS

Contributory (Primary.) Exhaustion (DURATION) 7 DAYS

(Signed) Thos. J. Tabbutt M.D.

Address 170 Eutaw Place

Date July 30th 1907

Place of Burial Druid Ridge.

Date July — 30th 1907

Undertaker Wm. N. Gaunt & Son.

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 32336 Registered No. B C 32336

19 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2941 York Road — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Knight

{ Residence, if in Baltimore, Give Street and Number. } 2941 York Road

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: 1

AGE: 84 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Knight

(Address) 2941 York Rd.

Filed 7/30 1907 MARY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th, 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to July 28 1907

that I last saw him alive on July 28, 1907,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Complication of diseases —

heart & kidneys

(DURATION) DAYS

Contributory (Primary.) Myocarditis.

(DURATION) DAYS

(Signed) Hugh Forsythe M.D.

Address 424 E. North Av

Date July 29 1907

Place of Burial Mt. Johns Waverly

Date ~~July~~ Aug 1 1907

Undertaker Wm Cook

Address 502 E North Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 3236 Registered No. B C 3236

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Foreign Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles G. Zabel

{ Residence, if in Baltimore, Give Street and Number. } 2025 Ellsworth St.

Duration of Residence in Baltimore. Life C 3237

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 15 1883

AGE 24 years, months, days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas H & Zabel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margt Schmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Driller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H & Zabel

(Address) 2025 Ellsworth

Filed 7/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 29 1907

that I last saw h in live on July 29 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs

Few hours (DURATION) DAYS

Contributory (Primary.) Chronic Nephritis with uremia. (DURATION) DAYS

(Signed) Wm J Schmitt M.D.

Address St Joseph's Foreign Hosp.

Date July 29 1907

Place of Burial Mt Carmel

Date July 31 1907

Undertaker Robt J Turnbull

Address 1424 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3238 Registered No. B C 3238

1044

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 N. Arch St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Myrtle Thomas.

{Residence, if in Baltimore, Give Street and Number.} 127 N. Arch St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — Infant 1906

AGE — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry Thomas.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Julia Armstrong.

BIRTHPLACE OF MOTHER (State or country) Prince George's Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Armstrong

(Address) 127 N. Arch St

Filed 7/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29th 1907.

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to July 29 1907

that I last saw her alive on July 27 1907

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Central Consumption (DURATION) 1 DAYS

Contributory (Primary.) Teething & Gastritis (DURATION) 18 DAYS

(Signed) Edward Ellmaker Jr M.D.

Address 1334 W North Ave

Date Balto July 29th 1907.

Place of Burial Mt Auburn

Date July 30 1907

Undertaker Robt. F. Parham Co

Address 1213 Parrish St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 Registered No. B

C 3239

CERTIFICATE OF DEATH.

105K

(Place of Death.) No. 1211 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Baker

{Residence, if in Baltimore, Give Street and Number.} 407 Myrtle Ave.

Duration of Residence in Baltimore. 8 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 7/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to July 25 1907

that I last saw her alive on July 25 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Dyspepsia duration

Malnutrition

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Knox Jr M.D.

Address 804 Cathedral St.

Date July 30 1907

Place of Burial COLLEGE OF P. & S.

JUL 30 1907

Date 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

184

Ward 12 C 3240 Registered No. B 3240

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Dr Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Knabe

{Residence, if in Baltimore, Give Street and Number.} 2300 Chelsea Ave.

Duration of Residence in Baltimore. 8 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

184

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 27 1907

that I last saw h.. alive on July 27 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. Wm Knabe Jr M.D.

Address 806 Cathedral St

Date July 30th 1907

Place of Burial COLLEGE OF P. & S

Date JUL 30 1907 190 ....

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 C 3241 Registered No. B 150 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 W Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elinor Potts.

{Residence, if in Baltimore, Give Street and Number.} 1614 Chapel St

Duration of Residence in Baltimore. 3 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant .....

(Address) .....

Filed 7/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 13 1907 to July 26 1907 that I last saw h[er] alive on July 25 1907 and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Heart Disease (Absence of septa)

(DURATION) 3 mos DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 854 Cathedral St

Date July 30th 1907

COLLEGE OF P. & S.

Place of Burial .....

Date JUL 30 1907 190 ....

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSE

182

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1054

CERTIFICATE OF DEATH.

Registered No. B C 3242

City of Baltimore, (No. 14, Brady Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carl Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct. 27 1906 (Month) (Day) (Year)
AGE	____ years, 9 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. City
FULL NAME OF FATHER	Henry Schmidt
BIRTHPLACE OF FATHER (State or country)	Balto. City
MAIDEN NAME OF MOTHER	Lillie M. Jones
BIRTHPLACE OF MOTHER (State or country)	Balto. City
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Schmidt

(Address) 14 Brady Ave

Filed 7/30" 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9th 1907 to July 29th 1907 that I last saw him alive on July 29th 1907, and that death occurred, on the date stated above, at 12.05 A. M. The CAUSE OF DEATH was as follows:

Exhaustion & Syncope

(DURATION) 12 hours

Contributory Acute Entero Colitis &

Meningitis (DURATION) 21 DAYS

(Signed) William Gillesbur M. D.

July 29th 1907 (Address) 701 York Road

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ridge	July 31st 1907
UNDERTAKER	ADDRESS
John F. Fields	1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C 3243 Registered No. B

CERTIFICATE OF DEATH.

105V

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Pauline Gamp

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. 20 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: Oct. 12 1906

AGE: — years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius W. Clauman

(Address) 2005 Madison Ave.

Filed 7/30 1907. HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 30 1907 that I last saw her alive on July 29 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Sepsis

(DURATION) ? DAYS

(Signed) Alexius W. Clauman M.D.

Address 2005 Madison Ave.

Date July 30 1907

Place of Burial Cathedral Cemetery

Date July 30th 1907

Undertaker Felix B. Pye.

Address 1026 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 3214 Registered No. B C 3214

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Evelyn Edmonds

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Beh

DATE OF BIRTH: Oct. 25 1906

AGE: — years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 2000 Madison Ave.

Filed 7/30 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1906 to July 30 1907 that I last saw her alive on July 29 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 6mos DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McClannan M.D.

Address 2000 Madison Ave.

Date July 30 1907

Place of Burial: Cathedral Cemetery

Date July 30-th 1907

Undertaker: Felix B Rye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 3245 Registered No. B C 3245

CERTIFICATE OF DEATH.

(Place of Death.) No. 1600 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Ofierski

{Residence, if in Baltimore, Give Street and Number.} 1600 Aliceanna

Duration of Residence in Baltimore. 17 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 12 1860

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pole

FULL NAME OF FATHER Martin Ofierski

BIRTHPLACE OF FATHER (State or country) Pole

MAIDEN NAME OF MOTHER Mary Zelinska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Ofierska

(Address) 415 S Wolfe St

Filed 7/30 1907 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Lyddane Coroner M.D.

Address 320 E Saratoga St

Date 190

Place of Burial Holy Rosary.

Date July 31 1907

Undertaker Joseph Zborowski

Address 1742 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 3246

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs. Louise Mitchell

{Residence, if in Baltimore, Give Street and Number.} 1832 Walbrook Court.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR white
DATE OF BIRTH June 10 1	
AGE 17 years, 8 months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Bernard Graff
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	May Trundle
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lowers

(Address) Little Walbrook Court

Filed 7/30 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 3rd 1907 to July 30 1907 that I last saw her alive on July 30 1907, and that death occurred, on the date stated above, at 2.50 a.m.

M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

about six weeks. (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Eugene Worth, Jr. M.D.

Address Union Protestant Infirmary

Date July 30, 1907.

Place of Burial Loudon Park

Date July 31st 1907

Undertaker John E. Haupt & Co.

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66 V

CERTIFICATE OF DEATH. C 3247

Registered No. B.....

City of Baltimore, (No. 1428, John St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Biscoe Norris

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: W

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Jas A Norris

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Jane Briscoe

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B B Norris

(Address) 346 Dolphin St

Filed 7/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 28 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 28 1907 that I last saw him alive on July 28 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

General Debility developing gradually for several years

(DURATION) ..... DAYS

Contributory Slight Paralytic attack Feb 4th 1907 (DURATION) ..... DAYS

(Signed) Chas E Sadtler M. D.

July 29 1907 (Address) 1415 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: July 30 1907

UNDERTAKER: John E Hughes

ADDRESS: 1477 Pennsylvania

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3248

City of Baltimore, (No. St. Joseph Hospital St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. Leary,

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: July (Month) 16 (Day) 1907 (Year)

AGE: 2 Week years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. H. Leary,

BIRTHPLACE OF FATHER (State or country): Chicago

MAIDEN NAME OF MOTHER: Mary Richmond

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. E. Plummer

(Address) 1227 N. Gay St.

Filed 7/30 1907

HARRY J. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to 1907

that I last saw him alive on 1907,

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Congenital debility

(DURATION) DAYS

Contributory Premature Birth

(DURATION) DAYS

(Signed) H. E. Plummer M. D.

190 (Address) 1227 N. Gay St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: July 31 1907

UNDERTAKER: H. J. Nolte

ADDRESS: Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 Registered No. B C.3249 105V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1st Mass Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Beal

{Residence, if in Baltimore, Give Street and Number.} 2613 Franklin St. West

Duration of Residence in Baltimore. 9 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Henry Beal

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: McKown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Beal

(Address) 2613 Franklin St

Filed 7/30 1907

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 29 1907 that I last saw h er alive on July 29 1907 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Dyspepsia diarrhoea

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Knight Jr. M.D.

Address 804 Cathedral St

Date July 30 1907

Place of Burial Bare Hill Cemetery

Date July 31 1907

Undertaker Wm Fickinger & Son

Address Camden & Pine Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C.3250 Registered No. B 32.01

CERTIFICATE OF DEATH.

5 0 V

(Place of Death.) No. 829 Hopkins av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George D. White

{Residence, if in Baltimore, Give Street and Number.} 829 Hopkins av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 12th 1846

AGE 61 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER Josiah White

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice White

(Address) 829 N Hopkins ave

Filed 7/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to July 29 1907 that I last saw him alive on July 28 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

(DURATION) 18 D DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J H Cushman M.D.

Address 1323 Light St

Date July 29 1907

Place of Burial Loudon Park

Date July 31st 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

WM. J. C. DULANY CO., BALTIMORE.

Ward V C 3231 Registered No. B

CERTIFICATE OF DEATH.

151 V

(Place of Death.) No. 1122 Hull St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Minna Hebmann

{Residence, if in Baltimore, Give Street and Number.} 1122 Hull St

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH May 19 1907

AGE 0 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Newport News Va

FULL NAME OF FATHER George Hebmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eliza Loose

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chrystn Loose

(Address) 1122 Hull St.

Filed 7/31 1907 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 27 1907

that I last saw h[illegible] alive on July 27 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 60 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Samuel Kahn M.D.
per Leo Kahnweiler M.D.

Address 1510 E Fort Ave

Date July 30 1907

Place of Burial Cedar Hill

Date July 31 1907

Undertaker E Hale

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 Registered No. D 3252 151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Walter A. & Lizzie A. Frost

{ Residence, if in Baltimore, Give Street and Number. } 227 N. Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 29th 1907

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Walter A. Frost

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lizzie A. Frost

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter A. Frost

(Address) 227 N. Bond St

Filed July 31st 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUL 30 1907 190..

I HEREBY CERTIFY, That I attended deceased from July 29th 1907 to July 30th 1907

that I last saw him alive on July 30th 1907,

and that death occurred, on the date stated above, at 6-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis Neonatorum

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Elijah J. Russell M.D.

Address 420 W. Lexington St

Date July 30th 1907

Place of Burial M. C. Cemetery

Date JUL 31 1907 190..

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3253 Registered No. B C 3253

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2021 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Bomberger

{Residence, if in Baltimore, Give Street and Number.} 2021 E. Chase

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 30 1907

AGE 1½ hours
— years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Bomberger

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Hamilton

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bomberger

(Address) 2021 E. Chase

Filed 7/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 — 1907.

I HEREBY CERTIFY, That I attended deceased from July 30 — 1907 to July 30 — 1907 that I last saw h er alive on " " 1907, and that death occurred, on the date stated above, at 5-50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Imperfect respiration

1½ hours (DURATION) DAYS

Con tributory (Primary.) —

(DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st

Date July 31 — 1907.

Place of Burial St. Peters

Date July 31 1907

Undertaker Jos. J. Kelly

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3254 Registered No. B ...

C 3254

CERTIFICATE OF DEATH.

4 W

(Place of Death.) No. 1427 Myrtle ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Kate A. Evans

{ Residence, if in Baltimore, Give Street and Number. } 1427 Myrtle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 19 1857

AGE 55 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

BIRTHPLACE (State or Country) City

FULL NAME OF FATHER Geo W Blair

BIRTHPLACE OF FATHER (State or Country) City

MAIDEN NAME OF MOTHER Anna B. Proffitt

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillie Gorrell

(Address) 1427 Myrtle ave

Filed 7/31 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to July 30 1907 that I last saw her alive on July 29 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Uteri.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Baetle M.D.

Address 13 W. Hoff

Date July 30 1907

Place of Burial London Park

Date August 1st 1907

Undertaker G. F. Offutt

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74 ✓

CERTIFICATE OF DEATH.

Registered No. B C 3255

City of Baltimore, (No. 614 Orford St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Chesley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 56 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Do Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Sexton

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella P Chesley

(Address) 514 Orford St

Filed 7/31 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to July 1907 that I last saw him alive on July 28 1907, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Probably Cerebral Tumor

.....(DURATION).....DAYS

Contributory Unknown

.....(DURATION).....DAYS

(Signed) Thos P. McCormick M. D.

July 30 1907 (Address) 1721 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL National Cemetery | DATE OF BURIAL Aug 1 1907

UNDERTAKER Aly Hemsley | ADDRESS 578 W. Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 E. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel J. Thompson

{Residence, if in Baltimore, Give Street and Number.} 408 E. 25th St.

Duration of Residence in Baltimore. Life

C.3256

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wht

DATE OF BIRTH: Apr 22 1862

AGE: 45 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Daniel Thompson

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Elizabeth Williams

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Thompson

(Address) 408 E 25th St

Filed 7/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h.. alive on ..... 190.....

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Phthisis Pulmonalis

Gout (DURATION) ..... DAYS

(Signed) Chester Luttrell M.D.

Address 1818 Chas. St. Coroner

Date July 31 1907

Place of Burial Mt. Olivet

Date Aug 2nd 1907

Undertaker Albert F. Phillips

Address 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 3257

(Place of Death.) No. 1368 N Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah J. Jackson

{Residence, if in Baltimore, Give Street and Number.} 1368 N. Stricker.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: July 8 1822

AGE: 76 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss B Jackson

(Address) 1368 N Stricker

Filed 7/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to July 30 1907 that I last saw h[er] alive on July 30 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's.

(DURATION) DAYS

Contributory (Primary.) Toxaemia

(DURATION) 9 DAYS

(Signed) Gh. Dr Hoff M.D.

Address 2724 N. Chas St.

Date July 30 1907

Place of Burial Loudon Park Cemetery

Date ~~July~~ Aug 2 1907

Undertaker N Maurice Rowlson

Address 230 N Greene St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

C 3258

CERTIFICATE OF DEATH.

105 ✓

(Place of Death.) No. 804 N. Wolfe St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth M. Jackson

{Residence, if in Baltimore, Give Street and Number.} 804 N. Wolfe

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 4th 1906

AGE: 1 years, 2 months, 25 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Harry Jackson

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Alice M Swann

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: No

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E Jackson

(Address) 804 N Wolfe st

Filed 7/31 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 29 1907 that I last saw h er alive on July 29 1907, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Ally L. Gagl M.D.

Address 727 N Broadway

Date 7/29/07 1907

Place of Burial Balto. Cem ✓

Date July 31 st 1907

Undertaker Geo M Funk

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C. 3259 28 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Willie

{ Residence, if in Baltimore, Give Street and Number. } 226 Canton Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 11th 1894
AGE	13 years, 9 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Co. Md.
FULL NAME OF FATHER	Paul Willie
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Sophia Basel
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Willie

(Address) 226 Canton Ave. Balto Co

Filed 7/30 1907

JAMES C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from June 28, 1907 to July 29, 1907 that I last saw h alive on July 29 1907, and that death occurred, on the date stated above, at 1.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) 15 DAYS

Contributory (Primary.) Mastoiditis

(DURATION) 45 DAYS

(Signed) E. H. Bethea M.D.

Address 1122 N. Mount St.

Date July 29, 1907.

Place of Burial Sacred Heart Cemetery

Date Aug 1st 1907

Undertaker Germanus Trainer

Address Bandy & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 • C 3260 Registered No. B C 3260

176 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick A. Sauer

{Residence, if in Baltimore, Give Street and Number.} 1413 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 30th 1907

AGE: — years, — months, 1/2 hour ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Frank A. Sauer

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Catharine Miller

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A. Sauer

(Address) 1413 Bank St.

Filed 7/30 1907 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to July 30 1907 that I last saw h.. alive on July 30 1907, and that death occurred, on the date stated above, at — P. M. CAUSE OF DEATH (Secondary or Immediate.)

Difficult Labor

Am Prostatism

(Venesection)

(DURATION) two minutes DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) J. Wheatman M.D.

Address 16 W. Baltimore

Date July 30 1907

Place of Burial St. Alphonsus Cem.

Date July 31st 1907

Undertaker Germania Trance

Address Bank & Wolfe sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 3261 Registered No. B 1510

CERTIFICATE OF DEATH.

(Place of Death.) No. 2002 Monmouth Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Frost

{ Residence, if in Baltimore, Give Street and Number. } 2002 Monmouth Court

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 12th 1907

AGE ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hans Frost

BIRTHPLACE OF FATHER (State or country) Denmark

MAIDEN NAME OF MOTHER Mary Nagel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Frost

(Address) 2002 Monmouth Court.

Filed 7/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to July 27 1907 that I last saw h... alive on July 27 1907, and that death occurred, on the date stated above, at 4.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) — DAYS

Contributory (Primary.) Marasmus

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 2007 Eastern ave

Date July 31 1907

Place of Burial St. Pauls Com

Date July 31 1907

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto Sts. and 1703-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B C 3262

CERTIFICATE OF DEATH.

14 ✓

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Wiggington

{Residence, if in Baltimore, Give Street and Number.} 1408 E Biddle St

Duration of Residence in Baltimore. 5-8 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH ? 1849

AGE 58 years, ... months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C. J. Emery

(Address) 1408 E. Biddle St.

Filed 7/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 - 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to July 29 1907 that I last saw h[illegible] alive on July 28 1907, and that death occurred, on the date stated above, at 12 1. 15a.m. CAUSE OF DEATH (Secondary or Immediate)

Bacillary Dysentery

(DURATION) — DAYS

Contributory (Primary.) Hypostatic Pneumonia (DURATION) 6 DAYS

(Signed) J. J. O'Connor M.D.

Address St Joseph Hosp.

Date July 29 1907 ✓

Place of Burial Baltimore City

Date 1st August 1907

Undertaker Edward A Byrne

Address 362 W Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... C 3263 Registered No. B ... 175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Hopkins ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry D Linton

{Residence, if in Baltimore, Give Street and Number.} 1003 Hopkins ave

Duration of Residence in Baltimore. Life

C. 3263

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: white

DATE OF BIRTH: aprie 30 1885

AGE: 22 years 3 months — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W Linton

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Anna Strasberg

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Linton

(Address) Stephenson Station

Filed 7/31 1907 Registrar

HARRY C. ANDREW PERMIT CLK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 30 1907 that I last saw h in alive on July 30 1907, and that death occurred, on the date stated above, at 10 30 p.m. CAUSE OF DEATH (Secondary or Immediate)

Syncope, Superinduced by over exertion while in convalescent state. There was no organic heart disease Present 15 minutes (DURATION) — DAYS

Con tributory (Primary.) Ptomaine poisoning (DURATION) 11 DAYS

(Signed) Geo R Graham M.D.

Address 725 Columbia ave

Date July 31 1907

Place of Burial Cathedral Cem

Date Aug 2 1907

Undertaker Wm C. Cook

Address 502 E. North av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C 3264 — Registered No. B C 3264

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. Hanover Wharf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H Bailey

{ Residence, if in Baltimore, Give Street and Number. } 419 Hanford ave.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: June 25 1862

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm. H Bailey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Bailey

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Hackman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie L Bailey

(Address) 1419 Hanford ave.

Filed 7/31 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 — 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Colitis 190 to 190

that I last saw h — alive on — 190 ,

and that death occurred, on the date stated above, at 5.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D Hampton M.D.

Address 136 N. Caroline st

Date July 30 — 1907

Place of Burial London park Cem

Date Aug. 2d — 1907

Undertaker William H. Higdon

Address 831 Linden ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3265

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1425 Orleans St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elmer Wallace

{Residence, if in Baltimore, Give Street and Number.} 1425 Orleans St

Duration of Residence in Baltimore. Life

C. 3265

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH March 17 1903

AGE 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Not known.

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Lizzie Wallace

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Wallace

(Address) 1425 Orleans St

Filed 7/31 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907 1907

I HEREBY CERTIFY, That I attended deceased from 7/22/07 1907 to 7/30/07 1907 that I last saw h[illegible] alive on 7/28/07 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. L. Levy. M.D.

Address 133 Eastern Ave

Date 7/31/07 1907

Place of Burial Asbury Cemetery

Date July 31 1907

Undertaker Theodore Whate

Address 1729 South St

Witness Lizzie Wallace

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3266

Registered No. B.....

City of Baltimore, (No. 1131 N. Gay St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Joseph Curran

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 2nd 1907 (Month) (Day) (Year)

AGE ..... years, 6 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wm. P. Curran

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Marie E. Moran

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. P. Curran

(Address) 1131 N. Gay St.

Filed 7/31 1907

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to July 30 1907 that I last saw h in alive on July 30 1907, and that death occurred, on the date stated above, at 7.45 a.m. The CAUSE OF DEATH was as follows:

Iliac Colitis

(DURATION) 5 DAYS

Contributory asthenia

(DURATION) 2 DAYS

(Signed) J. Walter Thomas M. D.

July 31 1907 (Address) 1228 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Aug 1 1907
UNDERTAKER	ADDRESS
Robt. J. Turner	1142 N. Gay.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. B C 3267

City of Baltimore, (No. 708, Courtney St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Jos. McDonnell

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Nov 6 1906 (Month) (Day) (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Patk. McDonnell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Marg. Eagen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patk McDonnell

(Address) 708 Courtney st

Filed 7/31/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to July 30 1907 that I last saw h— alive on July 30 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 4 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) James McFenlon M. D.

July 31 1907 (Address) 700 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cath[illegible] Cemetery — DATE OF BURIAL: Aug. 1 1907

UNDERTAKER: M. J. Flynn — ADDRESS: 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 3208 Registered No. B C 3208

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Columbia Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Clifton Rader

{ Residence, if in Baltimore, Give Street and Number. } 936 Columbia ave

Duration of Residence in Baltimore, Lifetime C.32 6 8

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Jan. 12th 1907

AGE: ..... years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: August Rader

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Lassahn

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Rader

(Address) 936 Columbia Ave

Filed 7/31 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to July 30 1907

that I last saw h~~im~~ alive on July 29 1907, 4.30

and that death occurred, on the date stated above, at ~~4~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Menin Fils

(DURATION) 1 DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 11 DAYS

(Signed) Henry Boyd M.D.

Address 602 Columbia ave

Date July 31 1907

Place of Burial St. John's Cemetery, Parkville Md.

Date Aug. 1st 1907

Undertaker Henry L. Lassahn Jr.

Address Fullerton Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3269

Registered No. B .....

City of Baltimore, (No. 1106 N. Washington Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph John Killmayer

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: June (Month) 26th (Day) 1907. (Year)

AGE: ~~One~~ ..... years, 1 months, 1 week 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Killmayer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mc Dermott (Mamie)

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Killmayer

(Address) 1106 N. Washington St.

Filed 7/31 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 30 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 23 July 190 to 30 July 190 7

that I last saw him alive on 30 July 190 7,

and that death occurred, on the date stated above, at 9 30 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) ..... M. D.

July 31 190 (Address) 1037 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Aug 1 190 7

UNDERTAKER: Henry Horchow Sons

ADDRESS: 307 E. Eager St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — Registered No. B C 32.0

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 Bloom St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Ira Chase

{ Residence, if in Baltimore, Give Street and Number. } 529 Bloom St.

Duration of Residence in Baltimore. always.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: June 5th 1907

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Alexander Chase

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Hawkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 7/31 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1907

I HEREBY CERTIFY, That I attended deceased from July 26th 1907 to July 29th 1907

that I last saw him alive on July 29th 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis (acute)

..... (DURATION) ..... DAYS

Contributory (Primary.) Poor Food and Surroundings (DURATION) ..... DAYS

(Signed) L. M. Allen M.D.

Address 1242 Pennsylvania Ave.

Date July 31st 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date JUL 31 1907 190 ...

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

E81

Ward ..... C 3271 ..... C 3271

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Williams

{ Residence, if in Baltimore, Give Street and Number. } .....

C. 3271

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Halifax Co N.C

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday,

(Informant) ..... Supt.

(Address) BAY VIEW ASYLUM.

Filed 7/31 190 7 Registrar

HARRY C. ARNOLD PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from April 4 1907 to July 31 1907

that I last saw h.im alive on July 31 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date July 31 1907

Place JOHNS HOPKINS HOSPITAL

Date JUL 31 1907 190

Undertaker Williams & Woodus

Address 1812 Aisden Ave

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

183

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

274

(Place of Death.) No. 730 Second ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irene M. Pickett

{ Residence, if in Baltimore, Give Street and Number. } 730 Second ave

C. 3272

Duration of Residence in Baltimore.... life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 10th 18

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Samuel Lee Miller

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizebith Belt

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry G. Pickett

(Address) 730 Second ave

Filed 7/31 190.

Registrar

HARRY G. ...
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 30th 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to July 30 1907 that I last saw her alive on July 29 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) — DAYS

Contributory (Primary.) Tuberculosis

Six months (DURATION) DAYS

(Signed) W. H. Fiddemann for R. B. Rommel M.D.

Address 3300 Chestnut st

Date July 31st 1907

Place of Burial St Marys Homeplace

Date Aug 1. 1907

Undertaker Wm E C Renoweth & Son

Address 9193rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 401 Pierpoint Place St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Kaldovana

{ Residence, if in Baltimore, Give Street and Number. } 401 Pierpoint Place

Duration of Residence in Baltimore. Life C 3273

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 1, 1907

AGE 6 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Kathleen Rose

BIRTHPLACE OF MOTHER (State or country) Ital

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nonico Cordiano

(Address) 424 Glenedward Ave

Filed Aug 1st 1907 ERNEST C. ANDREWS, PERMIT CLERK. Registrar

C. H. C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to July 30 1907 that I last saw him alive on July 30 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Bronchitis. Indefinite

(DURATION) DAYS

(Signed) L. A. Richardson M.D.

Address 112 N. 25th St.

Date July 31 1907

Place of Burial St. Vincents

Date Aug 1st 1907

Undertaker W. E. Ehrenfeldt & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3274 Registered No. B C 3274

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 Gough Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henrietta F Bonn

{Residence, if in Baltimore, Give Street and Number.} 1905 Gough Street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White

DATE OF BIRTH November 1st 1866

AGE 40 years, 7 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City.

FULL NAME OF FATHER William Bonn.

BIRTHPLACE OF FATHER (State or country) Berlin Germany.

MAIDEN NAME OF MOTHER Louisa Philippe

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Bonn

(Address) 1905 Gough Street.

Filed 8/8/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1907

I HEREBY CERTIFY, That I attended deceased from July 18th 1907 to July 30th 1907 that I last saw h-r alive on July 30th 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro. Spinal Meningitis

(DURATION) 12 DAYS

Con'tributery (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Sugarman M.D.

Address 5 N. Washington Av

Date July 31st 1907

Place of Burial Immanuel Cemetary

Date Aug 3 1907

Undertaker Louis Heimann

Address 32 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 3275 Registered No. B C 3275

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 N Carlton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Ann Haase

{ Residence, if in Baltimore, Give Street and Number. } 209 N Carlton St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 17 1838

AGE: 69 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Friedrich Hiberberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mont Knox

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Haase

(Address) 209 N Carlton St.

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to July 30 1907 that I last saw h alive on July 30 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Congestion

(DURATION) 3 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Shipwash M.D.

Address 57 N. Washington St

Date July 31st 1907

Place of Burial Immanuel Cemetery

Date Aug. 2 1907

Undertaker Louis Heermann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3276

Registered No. B.....

City of Baltimore, (No. 821, Hart St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose Knight

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Dec (Month) 18 (Day) 1907 (Year)

AGE: — years, 7 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Thos Knight

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Gertrude Friese

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother

(Address)

Filed 8/1/07

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to July 30 1907 that I last saw h— alive on July 30 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

~~Enteritis~~ Colitis

exhaustion & Toxemia

(DURATION) 4 DAYS

Contributory (Bottle fed) Enteritis Colitis (DURATION) 14 DAYS

(Signed) W. W. Wroughton M. D.

July 30 1907 (Address) Cator & Dillon Sts.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Sacred Heart — DATE OF BURIAL: Aug 2 1907

UNDERTAKER: H Nicolaus & Son — ADDRESS: 1820 Canton Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 3277 Registered No. D

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 319 W. Biddle st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Stutz

{ Residence, if in Baltimore, Give Street and Number. } 319 W Biddle st

Duration of Residence in Baltimore. Three wks. C 3277

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Dobinson

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER Estell Brown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wilson

(Address) 319 W Biddle St

Filed 8/1st 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to July 31 1907

that I last saw h in alive on July 31 1907;

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D Grantcott M.D.

Address 354 W. Biddle st

Date July 31 st 1907

Place of Burial Mt Auburn

Date August 1 1907

Undertaker Alex H Ensley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Hurst

{ Residence, if in Baltimore, Give Street and Number. } Aged Women's Home

Duration of Residence in Baltimore. Unknown

C. 3778

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W H

DATE OF BIRTH Unknown 1

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Unknown

FULL NAME OF FATHER do

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J Jones Matron

(Address) Home

Filed 8/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to July 31 1907 that I last saw h[er] alive on July 30 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 3 DAYS

Con'tributory (Primary.) Apoplexy

(DURATION) 1 DAYS

(Signed) L Norwood M.D.

Address 837 W Fayette St

Date July 31 1907

Place of Burial Mt. Olivet Cemetery

Date Aug 1th 1907

Undertaker Geo J Smith & Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 3279 Registered No. B

108

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo Parsons

{ Residence, if in Baltimore, Give Street and Number. } 2628 Guilford Street.

Duration of Residence in Baltimore. 20 yrs. C.3279

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 31 yrs ..... years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Washington D C

FULL NAME OF FATHER: Randal Parsons

BIRTHPLACE OF FATHER (State or country): Washington D C

MAIDEN NAME OF MOTHER: Annie Johnson

BIRTHPLACE OF MOTHER (State or country): Washington D C

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Parsons

(Address) 2628 Guilford Ave

Filed 8/1 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to July 31 1907 that I last saw him alive on July 30 1907, and that death occurred, on the date stated above, at 3 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis with Delirium Tremens

following Operation

(DURATION) 10 DAYS

Contributory (Primary.) Strangulated Hernia

(DURATION) 2 DAYS

(Signed) Victor D. Cullen M.D.

Address St Joseph Hospital

Date July 31 1907

Place of Burial St Peters

Date Aug 2 1907

Undertaker John Bowman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. D ... 1907

1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 1037 Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Linehan

{Residence, if in Baltimore, Give Street and Number.}

C. 3780

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	~~July 30. 1907~~
AGE	32 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Sing'l
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Daniel Linehan
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Doran
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Linehan

(Address) 1037 N. Front St.

Filed 8/1 1907

HARRY G. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from May 30 1907 to July 30 1907

that I last saw h in alive on July 30 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tabular trouble,
Heart disease.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A D Driscoll M.D.

Address 263 Poplar St

Date July 31. 1907

Place of Burial New Cathedral

Date ~~June~~ Aug 2nd 1907

Undertaker John Lowman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James W Whitfield

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 3261

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR white	DATE OF DEATH July 30 1907
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from 7/26 1907 to 7/30 1907
AGE 40 years, months, days	that I last saw him alive on 7/30 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	and that death occurred, on the date stated above, at 10.45 A.M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Baltimore Md	Alcoholism Insanity
FULL NAME OF FATHER	(DURATION) DAYS
BIRTHPLACE OF FATHER (State or country)	Contributory (Primary) Chronic Alcoholism (DURATION) DAYS
MAIDEN NAME OF MOTHER	(Signed) R R Norris M.D.
BIRTHPLACE OF MOTHER (State or country)	Address Bay View Hospl.
OCCUPATION OF DECEASED Painter.	Date July 30 1907
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Place of Burial Mount Olivet
(Informant)	Date Aug 2 1907
(Address)	Undertaker John J Cowan
Filed 8/1 1907 HARRY G. ANDREWS PERMIT CLERK Registrar	Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3282

City of Baltimore, (No. Jos. M. Atkinson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME 736 Cumberland St.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March (Month) 26 (Day) 1875 (Year)
AGE	32 years, 4 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Joseph M. Atkinson
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Emma E. Schelle
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	Hotel Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry W. Ehlen

(Address) 1944 W. North Ave.

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to July 29 1907

that I last saw him alive on July 29 1907,

and that death occurred, on the date stated above, at 2.45 A. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

Five weeks (DURATION) — DAYS

Contributory Pneumonia

two weeks (DURATION) — DAYS

(Signed) Alex. T. Vonschuk M. D.

July 30 1907 (Address) 1656 W. Saratoga

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Aug. 1 1907
UNDERTAKER	ADDRESS
Harry W. Ehlen	1944 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3283

City of Baltimore, (No. 600 N. Spring St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Black.

DATE OF BIRTH: April (Month) 1 (Day) 1907 (Year)

AGE: ..... years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: John Taylor

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Lillian Chinn

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Taylor

(Address) 607 N Spring st

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 30 1907

that I last saw h[illegible] alive on ~~July 27~~ 1907

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Acute Enteritis

(DURATION) 20 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Eugene Fleopold M. D.

July 31 1907 (Address) 4 E. N. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury Cemetary — DATE OF BURIAL: Aug 1 1907

UNDERTAKER: John W Henderson — ADDRESS: 31 N Caroline st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 3284 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 Ashland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James P Rock

{ Residence, if in Baltimore, Give Street and Number. } 1236 Ashland ave

Duration of Residence in Baltimore. Life

C 3284

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 25 1831

AGE 75 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Cornelius Rock

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER McKeon

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Julia Quinn

(Address) 1236 Ashland Ave

Filed 8/1 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1907

I HEREBY CERTIFY, That I attended deceased from July 30th 1907 to July 31st 1907

that I last saw h... alive on July 31st 1907,

and that death occurred, on the date stated above, at 11 1/2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Parenchymatous Nephritis

(DURATION) 14 DAYS

Contributory (Primary.) Uraemia Pneumonia (DURATION) 2 DAYS

(Signed) Edward Dillon M.D.

Address 208 Aisquith

Date July 31st 1907

Place of Burial Cathedral Cemetery

Date August 3rd 1907

Undertaker Evans & Spence

Address 118 N Mt Royal ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3285 Registered No. B .....

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 711 N. Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Clemens

{Residence, if in Baltimore, Give Street and Number.} 711 N. Collington Ave

Duration of Residence in Baltimore. Life

C 3295

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 15th 1907

AGE: ~ years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm Clemens

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Vernastek

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Clemens

(Address) 1223 N Patterson Pk

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7/31 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to July 31 1907 that I last saw him alive on July 31 1907, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 4 DAYS

Contributory (Primary.) Enteritis

(DURATION) 6 DAYS

(Signed) A. G. Rytina M.D.

Address 2204 E. Monument St

Date 8/1 1907

Place of Burial St. Alphonsus Cem

Date 8/1/07 190

Undertaker J. Herwig & Son

Address 200 S. Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. #416 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G. Miller

{ Residence, if in Baltimore, Give Street and Number. } 416 N. Glover St.

Duration of Residence in Baltimore. Life

C. 3786

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Mar 19th 1907
AGE	..... years, 4 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Geo. A. Miller
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Katie Glass
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A Miller

(Address) 416 N. Glover

Filed 8/1 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 14, 1907 to Aug 1st 1907 that I last saw h.. alive on July 30, 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

(DURATION) 18 DAYS

Contributory (Primary.) "

" (DURATION) 18 DAYS

(Signed) H. L. Packard M.D.

Address 910 S. Canton Ave

Date August 1st 1907

Place of Burial 1st Ger. Ev. Lem.

Date 8/2/07 190 ....

Undertaker J. Hervey Son

Address 200 S. Albemarle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3287 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1154 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name P. Alice Neal

{Residence, if in Baltimore, Give Street and Number.} 1154 Carroll ave

C 3287

Duration of Residence in Baltimore. 30 Jrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Female	white
DATE OF BIRTH	Feb 1844
AGE	63 years, 4 months, 0 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married ~~Widow~~
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Wm Allison
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Matilda Jarvis
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma D Kauffman

(Address) 1154 Carroll Ave

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 31 1907 that I last saw h[er] alive on July 30 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 12 DAYS

Contributory (Primary) Exhaustion (DURATION) 4 DAYS

(Signed) Edw Grumpe M.D.

Address 617 Lemmon

Date July 31 1907

Place of Burial Alexandria Va

Date August 2 1907

Undertaker Jos. Sweeney & Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 215 N. Wolfe St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth Reid

{ Residence, if in Baltimore, Give Street and Number. } 215 N. Wolfe st

Duration of Residence in Baltimore. 32 Years

C. 3288

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 8 1

AGE 73 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Moses McKinsey

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Bessie Holt

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Robert J. Reid

(Address) 215 N. Wolfe st.

Filed 8/1 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUL 30 1907 190

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to July 30 1907

that I last saw her alive on July 30 1907, and that death occurred, on the date stated above, at 9.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Asthenia (DURATION) 1 DAYS

Contributory (Primary) Cardiac Hypertrophy (DURATION) 4 DAYS

(Signed) A. T. Borden M.D.

Address 1907 E. Fayette St.

Date JUL 31 1907 190

Place of Burial Baltimore. Cem.

Date AUG 2 1907 190

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

deceased, and the ***cause and date of death.***

Ward 15 Registered No. B 138

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elizabeth Noyes

{ Residence, if in Baltimore, Give Street and Number. } 720 Gay St.

Duration of Residence in Baltimore.

C 3269

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 40 years, — months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Goldberg

(Address) Franklin Square Hospital

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1907

I HEREBY CERTIFY, That I attended deceased from July 30th 1907 to July 31st 1907 that I last saw h[illegible] alive on July 31st 1907 and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Post Partum Haemorrhage

(DURATION) DAYS

Contributory (Primary.) Childbirth

(DURATION) DAYS

(Signed) H Goldberg M.D.

Address Franklin Square Hospital

Date July 31st 1907

Place of Burial London Park

Date Aug. 3rd 1907

Undertaker John J Fields

Address 1200 Dr. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

814

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3290

City of Baltimore, (No. 1311 N. Fulton Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary R. Fairbanks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Dec (Month) 12 (Day) 1837 (Year)

AGE 69 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balt. City

FULL NAME OF FATHER Hon. Benton

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary R. Sherwood

BIRTHPLACE OF MOTHER (State or country) Balt. City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gen. Fairbanks

(Address) 1311 N. Fulton Ave

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to July 25 1907 that I last saw h.. er alive on July 25 1907, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

DURATION About 15 DAYS

Contributory Cerebral Sclerosis

(DURATION) DAYS

(Signed) Jam. F. Fowler M. D.

July 31 1907 (Address) 3310 W. North Ave

SPECIAL INFORMATION only for Hospitals, ~~Institutions~~, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cem.

DATE OF BURIAL Aug. 1 1907

UNDERTAKER George A. Little

ADDRESS 531 N. Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — C 3291 — Registered No. D — 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Garrett Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis St Peter

{Residence, if in Baltimore, Give Street and Number.} 1410 Garrett ave

Duration of Residence in Baltimore. 4 wks.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: July 4 1907

AGE: ..... years, ... months, 28 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): U.S. — Md.

FULL NAME OF FATHER: Francis St Peter

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Barbara Michels

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob John Peters

(Address) 1410 Garrett Ave

Filed 8/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to July 31 1907

that I last saw h.. alive on July 31 1907

and that death occurred, on the date stated above, at 12 midnight

M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal autointoxication

fever

(DURATION) 3 DAYS

Con~~tributory~~ (Primary.) acute gastro

intestinal infection (DURATION) 3 DAYS

(Signed) Dr. John Peters Parkinson M.D.

Address 1510 E Fort Ave

Date July 31 1907

Place of Burial Holy Cross Cemetery (Brooklyn)

Date August 2 1907

Undertaker Edw. I Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3292

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1335 North Corey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence R. Jones

{Residence, if in Baltimore, Give Street and Number.} 1335 N. Corey St.

Duration of Residence in Baltimore. 9 Mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Ed

DATE OF BIRTH 1

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Edw J Bunday

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lessie A Jones

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lola Jones

(Address) 1335 N Corey St

Filed 8/1 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31, 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 31 1907 that I last saw h i m alive on July 31 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) ..... DAYS

Contributory (Primary.) Bottled Fed Condensed Milk (Marasmus) (DURATION) ..... DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Corey St

Date August 1, 1907

Place of Burial Laurel Cemetery

Date Aug 2 nd 1907

Undertaker Clarence E Wright

Address 1364 N Corey St

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 C 3295 Registered No. B 194

CERTIFICATE OF DEATH.

(Place of Death.) No. 246 N. Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Velte

{Residence, if in Baltimore, Give Street and Number.} 246 Pearl St

C. 3293

X Duration of Residence in Baltimore. 48 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: 1

AGE: 70 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Velte.

(Address) 246 N Pearl St.

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to July 31 1907 that I last saw h~~im~~ alive on July 31 1907, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary) Metal Regurgitation (DURATION) 12 Years

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date July 31 1907

Place of Burial Baltimore Cem

Date July 3. 1907

Undertaker Lowe Bros

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1531 Cole St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence Ed Blazey

{Residence, if in Baltimore, Give Street and Number.} 1531 Cole st

Duration of Residence in Baltimore. Life

C 3294

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 17th 1906

AGE: ..... years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Blazey

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Florence Eley

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Blazey

(Address) 1531 Cole St

Filed 8/1/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to July 30 1907 that I last saw h.. alive on July 30 1907 and that death occurred, on the date stated above, at 12

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. H. Gordon M.D.

Address 1403 N Fayette St

Date Aug 1st 1907

Place of Burial London Park

Date aug 1st. 1907

Undertaker Geo. Bentz

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. C 3295

Registered No. B.....

City of Baltimore, (No. Dorsey's Lane & Colvin St.; ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
Lovzis

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Stewart~~ Raymond Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: December 17th 1907 (Month) (Day) Year)

AGE: ..... years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John C Stewart

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Louise Wheeler

BIRTHPLACE OF MOTHER (State or country): Dorchester Co. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louise Stewart

(Address) Dorsey Lane & Colvin St

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 31 1907

that I last saw him alive on July 31 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Gastro - Intestinal Intoxication

(DURATION) 5 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Howard W James M. D.

Aug 1 1907 (Address) Irvington Md

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Aug 2nd 1907

UNDERTAKER: Wm B Crothers — ADDRESS: 428 Frederick Ave

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3296

Registered No. B

City of Baltimore, (No. 234 S. High St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Bessie Bornstein

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH July 21 1907 (Month) (Day) (Year)

AGE — years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Solomon Bornstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Botker Zilder

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Bornstein

(Address) 234 S High St

Filed 8/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 1. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 26 1907 that I last saw her alive on July 26 1907, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Concealum of Liver

(DURATION) 11 DAYS

Contributory —

(DURATION) DAYS

(Signed) M. Hirschman M. D.

Aug 1. 1907 (Address) 900 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Rosedale Cemetery | DATE OF BURIAL Aug 1 1907

UNDERTAKER Max Levinson | ADDRESS 1620 ma Eldery St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3297

City of Baltimore, (No. 130 N. Chester St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Salie Sacho

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W.

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 9 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Simon Sacho

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bessie Klein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Klein

(Address) 130 N. Chester St

Filed 8/1 190 7

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... July (Month) 31 (Day) 190 7 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 190 7 to July 31 190 7 that I last saw h.im alive on ..... 190 ..., and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Scalds

(Accidental)

24 hours (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. J. Freeburn M. D.

7/31 190 7 (Address) 918 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Hebrew Cemetery Herring Run

DATE OF BURIAL: Aug 1 190 7

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Ask Coroner Aug 1-07-11 am.

J Carretta Coroner

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

C 3298

Registered No. B.....

City of Baltimore, (No. 29 N. Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E Steinmann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 13 (Day) 1907 (Year)

AGE: ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William Steinmann

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Rose McKinley

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Steinmann

(Address) 29 N Caroline

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to July 1 1907 that I last saw h.. alive on July 1 1907, and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

..... (DURATION) 7 DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) ..... M. D.

190 (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross

DATE OF BURIAL: Aug 2 1907

UNDERTAKER: E J Hennessy

ADDRESS: 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Millie Cades

{Residence, if in Baltimore, Give Street and Number.} 1712 Brunt St.

Duration of Residence in Baltimore. 11 yrs

C.3299

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1877

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Richard Steward

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Hamett Ann Walker

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix B. Carter

(Address) 1712 Brunt St

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to July 31 1907

that I last saw h[illegible] alive on July 31 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(Puerperal)

(DURATION) 4 hours

Contributory (Primary.) Eclampsia

(DURATION) 4 hrs DAYS

(Signed) Jno Ebaugh M.D.

Address 1704 Pa Ave

Date July 31 1907

Place of Burial Mt Zion Cemetery

Date Aug 2nd 1907

Undertaker Felix B. Pgr.

Address 1028 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 2104 Division St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Johnson

{Residence, if in Baltimore, Give Street and Number.} 2104 Division St

C. 3300

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown, 1

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Hutchins

(Address) 2104 Division St

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 ST 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage

Duration ... DAYS

Con'tributory (Primary.) Unknown

(DURATION) ... DAYS

(Signed) Silas Bradshaw M.D.

Address 700 Lafayette Ave. Corner

Date Aug. 1 ST 1907

Place of Burial Laurel Cemetery

Date Aug. 2 1907

Undertaker Silas B. Pyle

Address 1021 E. Mulberry St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 25

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3301

City of Baltimore, (No. 715, Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin F. Baer

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Sept 19 1857 (Month) (Day) (Year)
AGE	49 years, 10 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M
BIRTHPLACE (State or country)	Penna
FULL NAME OF FATHER	John Baer
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M Baer

(Address) 715 Mosher St

Filed 8/1 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July (Month) 31 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 31 1907 that I last saw h Mr alive on July 31 1907, and that death occurred, on the date stated above, at 6 30 P. M. The CAUSE OF DEATH was as follows:

Haemorhage from Cancer of neck & face

(DURATION) 5 months DAYS

Contributory (DURATION) DAYS

(Signed) Chas E. Sadtler M. D.

July 31 1907 (Address) 1415 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Waynesboro Pa	Aug 2 1907
UNDERTAKER	ADDRESS
W Maurice Routson	230 N Greene

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

C 3302

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 W. Lee st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs. Bridget A. Flannery.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1837

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Slavin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary A Gallagher

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Robert Flannery

(Address) 538 W. Lee st.

Filed 8/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 31st 1907

I HEREBY CERTIFY, That I attended deceased from July 29th 1907 to July 31st 1907 that I last saw h... alive on ... 190..., and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

Pr year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. F. Luchsinger M.D.

Address 115. W Franklin

Date Aug 1st 1907

Place of Burial Bonnie Brae Cemetery

Date Aug. 3 1907

Undertaker James Dinneen & Son

Address 759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3303

City of Baltimore, (No. 1130, Wilmer Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertride Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: colored

DATE OF BIRTH: ~~6 weeks~~ 1 (Month) (Day) Year)

AGE: — years, 6 Weeks months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: John Lee -

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lizzie Dixson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Homes -

(Address) 1130 Wilmer alley

Filed 8/1/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to July 29th 1907 that I last saw her alive on 29 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 9 DAYS

Contributory

(DURATION) DAYS

(Signed) C. M. Dodson M. D.

July 31 1907 (Address) 1408 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Aug 2 1907

UNDERTAKER: 108 W. Montgomery

ADDRESS: —

S L Brown and Son

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1042 N. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Winder

{ Residence, if in Baltimore, Give Street and Number. } 1042 Stockton St,

Duration of Residence in Baltimore. Whole Life

C. 3304

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1903

AGE: 4 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James. Winder

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lettie Wilkens

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James. Winder

(Address) 1042. N. Stockton St

Filed 8/1 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug 1 1907 that I last saw h... alive on July 27 1907, and that death occurred, on the date stated above, at 12.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

Eight or ten (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. M. Cook M.D.

Address 1101 N. Lanvale St

Date Aug 1 1907

Place of Burial Mt. Auburn Cem

Date Aug 2 nd 1907

Undertaker Sam'l H. Chase Jr

Address 1011 N. Stockton St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 Pleasant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herbert Brown.

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

D. 3305

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH Jan 3/07

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo Brown.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Maggie Atyson.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Brown.

(Address) 1429 Pleasant St

Filed 8/1" 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

NORTHEASTERN DISTRICT

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to July 31 1907

that I last saw h alive on July 27 1907,

and that death occurred, on the date stated above, at 12 45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. L. Levy. M.D.

Address 737 Aisquith St

Date Aug 1 1907

Place of Burial Strabane Cemetery

Date Aug 3rd 1907

Undertaker Theodore W. Steele

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

136

CERTIFICATE OF DEATH.

(Place of Death.) No. 505 Norris alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nettie Price,

{Residence, if in Baltimore, Give Street and Number.} 505 Norris alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: July 21 1879

AGE: 28 years, months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married,

BIRTHPLACE (State or country): New Market, W. Va.

FULL NAME OF FATHER: unknown.

BIRTHPLACE OF FATHER (State or country): West Virginia

MAIDEN NAME OF MOTHER: Nellie Fletcher.

BIRTHPLACE OF MOTHER (State or country): W. Va.

OCCUPATION OF DECEASED: Housewife,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Price

(Address) 505 Norris Alley

Filed 8/2" 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to July 31 1907 that I last saw h er alive on July 31 1907, and that death occurred, on the date stated above, at 11 30 a M. CAUSE OF DEATH (Secondary or Immediate)

Shock, from tem (obstetrical) operation (Podalic Version) under anaesthesia (DURATION) DAYS

Contributory (Primary.) Heart failure (DURATION) DAYS

(Signed) J. M. Delevett M.D.

Address 623 Columbia Ave

Date Aug 2 1907

Place of Burial Mt Auburn Cemetery

Date Aug 3 1907

Undertaker Felix B. Pyz

Address 105 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1662 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis ~~Sat~~ Saville.

{Residence, if in Baltimore, Give Street and Number.} 662 W. Fayette. St.

Duration of Residence in Baltimore.....

C 3307

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White.

DATE OF BIRTH ~~July 31 07~~ April 12th 1907.

AGE ~~10 mos~~ 3 mos. 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Raymond Saville

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Margaret J. Horan

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. P. Strong.

(Address) F. S. H.

Filed 8/2 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31. 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to July 29. 1907

that I last saw him alive on July 28 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition. Anemia

Secondary.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. P. Strong. M.D.

Address F. S. H.

Date July 31 1907

Place of Burial Western Cem

Date Aug 2 1907

Undertaker Jos B Cook

Address 1008 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3308

City of Baltimore, (No. 1105 N.Eden St., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vernon Tuerk.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Fred.V.Tuerk,

BIRTHPLACE OF FATHER (State or country): Balto.City.

MAIDEN NAME OF MOTHER: Alice May Burrows

BIRTHPLACE OF MOTHER (State or country): Balto.City.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos.A.Burrows,

(Address) 2022 Mary Anna St.

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to Aug 1 1907 that I last saw h im alive on Aug 1 1907, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Iparasmya. About four weeks (DURATION) DAYS

Contributory Intestin trouble

(DURATION) DAYS

(Signed) E.E. Peterson M.D.

July 1907 (Address) 1105 N.Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem.	Aug 3 1907
UNDERTAKER	ADDRESS
Geo.W.Little,	531 N.Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1619 Division St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ellen Rebecca Taylor.

{ Residence, if in Baltimore, Give Street and Number. } 1619 Division St.

Duration of Residence in Baltimore.

C 3309

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 33 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Hartford Co Md

FULL NAME OF FATHER John Johnson

BIRTHPLACE OF FATHER (State or country) Hartford Co Md

MAIDEN NAME OF MOTHER Jessie Cooper

BIRTHPLACE OF MOTHER (State or country) Hartford Co Md

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen G. Johnson

(Address) 1217 Etting St

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from June 10 1907 to Aug 1 1907 that I last saw her alive on Aug 1 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) — DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 9 mos DAYS

(Signed) Edw V Fitzgerald M.D.

Address 1118 Druid Hill Ave

Date Aug 2 1907

Place of Burial Mt Auburn

Date August 4 1907

Undertaker Alex H Emsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann Thomas

{ Residence, if in Baltimore, Give Street and Number. } 442 Stockholm

Duration of Residence in Baltimore. ....

C. 3310

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH ....1....	
AGE 90 years, ...months, ...days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....,

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Shock accidentally walked out 2nd Story Window

442 Stockholm July 27 1907

Contributory (Primary) Fracture left Femur (DURATION) DAYS

(Signed) Thomas Jones M.D.

Address Coroners Office

Date ....1907....

Place of Burial Mt Zion

Date August 2. 1907

Undertaker Alex H Armsbey

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3311

City of Baltimore, (No. 207 S. Caroline St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Birde Jacobs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female.

COLOR: White.

DATE OF BIRTH: April (Month) 30. (Day) 1907. (Year)

AGE: ~~years~~, 3 months, 2. days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Morris Jacobs

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: Lena Krauss.

BIRTHPLACE OF MOTHER (State or country): Russia

~~OCCUPATION OF DECEASED~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Jacobs

(Address) 207 S. Carolinest

Filed 8/2 1907

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 1 (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from July 15. 1907 to August 1, 1907

that I last saw her alive on August 1, 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Chronic ileo-colitis

Two Months (DURATION) ~~DATE~~

Contributory Exhaustion, and

Cardiac failure (DURATION) 2, DAYS

(Signed) L. H. E. Obrains M. D.

August 1 1907 (Address) 218 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Rosedale Cemetery

DATE OF BURIAL: Aug 2, 1907

UNDERTAKER: Max Levinson

ADDRESS: 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. D 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 128 S. Chapple St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Theresa Trunk

{Residence, if in Baltimore, Give Street and Number.} 128 S. Chapple st

Duration of Residence in Baltimore. Life

C 3312

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 20 1906

AGE: 1 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Frank Trunk

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Beilein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Trunk

(Address) 128 S. Chapple st

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug 1 1907 that I last saw her alive on July 31 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis

about (DURATION) 5 DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Geo Stellwagen M.D.

Address 1937 Gough st

Date Aug 1 1907

Place of Burial Holy Redeemer

Date Aug. 2 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C 3515 Registration No. 169

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Thomas~~ Anna Stegmann

{Residence, if in Baltimore, Give Street and Number.} 8 N. Castle St

Duration of Residence in Baltimore. 55 Years

C. 2813

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 1 1833

AGE 72 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER ~~Joseph~~ Lawrence Riehl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Stegmann

(Address) 8 N. Castle St

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 31 1907 that I last saw h-r alive on July 30 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heat exhaustion

(DURATION) 7 DAYS

Con'ributory (Primary.) —

(DURATION) ... DAYS

(Signed) G. G. Rusk M.D.

Address 200 E. Baltimore St.

Date July 31 1907

Place of Burial Holy Redeemer

Date Aug. 3 1907

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 1792

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Kwiatkowski

{Residence, if in Baltimore, Give Street and Number.} 717 S Bond st

Duration of Residence in Baltimore. 18 Years C. 3314

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Michael Choik.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Antonia Tomaszewska

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Kwiatkowski

(Address) 717 S. Bond St.

Filed 8/2 1907

HARRY C. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Jordan Coroner M.D.

Address 320 ½ Greene St.

Date Aug 1 " 1907

Place of Burial Holy Rosary

Date Saturday Aug 3" 1907

Undertaker M F Narkowski

Address 705 S. Amity St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1526 Thames St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Ziarnowski

{ Residence, if in Baltimore, Give Street and Number. } # 1526 Thames St.

Duration of Residence in Baltimore. Life

C 3315

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Alexander Ziarnowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Antonia Schulz.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Ziarnowski.

(Address) 1526 Thames St

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~July~~ Aug 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug. 1st 1907

that I last saw him alive on Aug. 1 1907

and that death occurred, on the date stated above, at 7 3/4

P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St.

Date Aug. 1st, 1907

Place of Burial St Stanislaus.

Date Friday Aug 2" 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3316

City of Baltimore, (No. 308 N. Madison St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Thorpe

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W.

DATE OF BIRTH: Feb 17 1907 (Month) (Day) (Year)

AGE: ..... years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frederick Thorpe

BIRTHPLACE OF FATHER (State or country): Edinburg Va.

MAIDEN NAME OF MOTHER: Ovid A Henry

BIRTHPLACE OF MOTHER (State or country): Berkley Spgs W. Va

OCCUPATION OF DECEASED: ~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Julia Kuzen

(Address) 308 N. Madison

Filed 8/2" 1907

HARRY C. ANDREW
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 1 1907

that I last saw him alive on July 31 1907,

and that death occurred, on the date stated above, at 4 9 M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) 14 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Geo. L. Durant M.D.

Aug 1 1907 (Address) 721 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Aug 2 1907

UNDERTAKER: M Cadogan

ADDRESS: 696 Willoughby

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Wilson Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Garrick

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infant Asylum
Relatives 521 S Dallas St

Duration of Residence in Baltimore. Life

C 3317

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/2" 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 29 1907 that I last saw h alive on July 29 1907 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Henry L. Whittle M.D.

Address Baltimore Md

Date July 31 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 1 - 1907 190 ....

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

1 4

C 3318

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt. Wilson Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vernon Scott

{ Residence, if in Baltimore, Give Street and Number. } 636 Cedar Alley

Duration of Residence in Baltimore. Life

C 3318

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Black

DATE OF BIRTH: Unknown 1

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/2 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 30 1907 that I last saw him alive on July 30 1907 and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Dyspeptic Diarrhoea

Life (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry L. Whittle M.D.

Address Baltimore Md

Date July 31 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 1 - 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

105

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~519 Pine St~~ Int. Wilson Mal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pearle Carroll

{Residence, if in Baltimore, Give Street and Number.} 519 Pine St

Duration of Residence in Baltimore. Life

C. 3319

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Black

DATE OF BIRTH: ~~July 28.~~ 1907

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28. 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 28 1907 that I last saw her alive on July 28 1907 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition.

Dyspeptic Diarrhoea.

Unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry L. Wattle M.D.

Address 906 Gorsuch Ave

Date July 31 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date AUG 1 - 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5811

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2120 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Enders

{ Residence, if in Baltimore, Give Street and Number. } 2120 E. Fayette St.

Duration of Residence in Baltimore. 46 Years

C. 3320

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 24th 1842

AGE: 64 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Enders

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Elizabeth Enders

(Address) 2120 E. Fayette St

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1- 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to Aug 1- 1907

that I last saw him alive on July 31 1907, and that death occurred, on the date stated above, at 5.40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Right Hemiplegia

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) G. C. Bladis M.D.

Address 143 N Bway

Date Aug 2- 1907

Place of Burial Mt. Carmel Cem

Date 8/3/07 190

Undertaker J. Herwig & Son

Address 2008 Orleans St,

WM. J. C. DULANY CO., BALTIMORE.

C 3321 163

CERTIFICATE OF DEATH.

(Place of Death.) No. 327 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Zalewska

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life time

C. 3321

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR	DATE OF DEATH	
Female	White	August 1	1907
DATE OF BIRTH		I HEREBY CERTIFY, That I attended deceased from	
October 25	1906	July 24 1907 to August 1 1907	
AGE		that I last saw h er alive on August 1 1907,	
years, 9 months, 7 days		and that death occurred, on the date stated above, at 11 30	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single	A. M. CAUSE OF DEATH (Secondary or Immediate)	
BIRTHPLACE (State or country)	Baltimore		
FULL NAME OF FATHER	Adam Zalewski		
BIRTHPLACE OF FATHER (State or country)	Poland	Cholera Infantum	
MAIDEN NAME OF MOTHER	Maria Bozak	(DURATION) 10 DAYS	
BIRTHPLACE OF MOTHER (State or country)	Poland	Contributory (Primary.) Exhaustion	
OCCUPATION OF DECEASED	none	(DURATION) 3 DAYS	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		(Signed) S. Szewalski M.D.	
(Informant) Adam Zalewski		Address 722 S. Ann St	
(Address) 327 S. Ann st		Date August 2nd 1907	
Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar		Place of Burial Holy Rosary	
		Date August 3. 1907	
		Undertaker Jacob Jaekowski	
		Address 438 S. Bond St	

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1052

CERTIFICATE OF DEATH.

(Place of Death.) No. 247 S. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Kulazki

C-3322

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 9th 1906

AGE: ..... years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ludwik Kulazki

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Apolonia Grygiel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwik Kulazki

(Address) 247 S Regester st

Filed 8/17 1907

Registrar

HARRY C. ANDREWS,
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 30 1907 that I last saw h.. alive on July 30 1907, and that death occurred, on the date stated above, at 10 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) L. J. Szymanski M.D.

Address 72 S. Ann st

Date August 1st 1907

Place of Burial St. Stanislaus

Date August 2 1907

Undertaker Jacob Fiaekowski

Address 726 S Bond st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3323 1042

CERTIFICATE OF DEATH.

(Place of Death.) No. 1736 Eastern av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mieczyslaw Ziółkowski

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. Life time C. 3323

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 29 1906

AGE: 1 years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Stanislaus Ziółkowski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Marie Berchert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Ziółkowski

(Address) 1736 Eastern av

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to July 30 1907 that I last saw him alive on July 30 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 10 DAYS

Contributory (Primary.)

Dentition (DURATION) 3 DAYS

(Signed) S. J. Ziółkowski M.D.

Address 722 S. Ann st

Date July 31 1907

Place of Burial St. Stanislaus

Date August 2 1907

Undertaker Jacob Trialkowski

Address 426 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3324

CERTIFICATE OF DEATH.

(Place of Death.) No. 636 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Camilla Prudence Neoberg.

{ Residence, if in Baltimore, Give Street and Number. } 636 Columbia Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 19th 1907
AGE	0 years, 3 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Robert Garfield Neoberg
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Nellie May Johnson
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo. A Schaefer M.D.

(Address) 636 Columbia Ave

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 1st 1907 that I last saw her alive on July 31 1907 and that death occurred, on the date stated above, at 1.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Ileo Colitis and Diarrhea

(DURATION) 45 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theo A Schaefer M.D.

Address 636 Columbia Ave

Date August 1st 1907

Place of Burial Mt. Olivet Cem.

Date Aug. 2 1907

Undertaker Ph. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3325

City of Baltimore, (No. 1502 Rutter St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. L. Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: [illegible] 1 (Month) (Day) Year)

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Stewart

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Catherine Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Stewart

(Address) 130 Mosher St

Filed 8/2" 1907

MARY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to Aug 1 1907

that I last saw him alive on Aug 1 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) DAYS

Contributory Dropsy

(DURATION) 2 Months

(Signed) Albert F. Corey M. D.

Aug 1 1907 (Address) 1412 Mt Royal Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Newark Cathedral — DATE OF BURIAL: Aug 3 1907

UNDERTAKER: M Fahey & Sons — ADDRESS: 606 W Lafayette Ave

✓

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William L. Schamberger

{Residence, if in Baltimore, Give Street and Number.} 1024 N. Eutaw St.

Duration of Residence in Baltimore. Life

C 3326

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W White

DATE OF BIRTH Sept 19 1906

AGE ..... years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm. J. Schamberger

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Bess Lyon

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jos. Schamberger

(Address) 1024 N. Eutaw St

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to Aug 1st 1907

that I last saw h alive on Aug 1 1907

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis.

(DURATION) 7 DAYS

Contributory (Primary.) Spasms (DURATION) 1 DAYS

(Signed) H. L. Fair M.D.

Address 12 E. 25th St

Date Aug. 1st 1907

Place of Burial Woodlawn Cem

Date Aug. 2nd 1907

Undertaker Jno. J. Inman

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

Dr. Fair 25 & 25th St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1746 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude R. Kahler

{Residence, if in Baltimore, Give Street and Number.} 1746 Bank st

Duration of Residence in Baltimore. Life

C.3327

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 26 1903

AGE — years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Frank Kahler

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Annie K. Offer

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kahler

(Address) 1746 Bank St.

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 29th 1907 to Aug 1st 1907

that I last saw her alive on Aug 1st 1907,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) DAYS

Contributory (Primary.) Same

(DURATION) 4 DAYS

(Signed) Jacob L. Weiner M.D.

Address 1735 Bank st

Date Aug. 1st 1907

Place of Burial Fairview Memorial Cem.

Date Aug. 2nd 1907

Undertaker Jno A. Ingram

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

54V

(Place of Death.) No. 115 N. Pofflefton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles E. Prunty

{ Residence, if in Baltimore, Give Street and Number. } 115 N. P offleton St

C 3328

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 29 1864

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Jno. E. Prunty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary E Wilson

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Jr Solicitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno E. Prunty

(Address) 115 N. P offleton St.

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to July 31 1907

that I last saw h alive on July 31 1907 730

and that death occurred, on the date stated above, at 9 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pernicious Anaemia

my attendance (DURATION) 53 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Edw. N London M.D.

Address 1403 N Fayette St

Date Aug 1st. 1907

Place of Burial St. Peters Cem

Date aug 3rd 1907

Undertaker Jno A. Inman

Address Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

Dr. London N. Fayette St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3329

City of Baltimore, (No. 128 East ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sylvia Paynter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 14 (Month) (Day) 1906 (Year)

AGE: ..... years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: D. C Paynter

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lou Jefferson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D C Paynter

(Address) 128 East ave

Filed 8/2 190 7

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to August 1 1907 that I last saw her alive on July 31 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 96 hrs

Contributory Enteritis Colitis

(DURATION) 10 DAYS

(Signed) Harry C Algire M. D.

Aug 1 1907 (Address) 3401 Roland ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Hampton — DATE OF BURIAL: Aug 2 1907

UNDERTAKER: W E Chenowith & Son — ADDRESS: 919 3rd ave

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.C. 3330

City of Baltimore, (No. 113, Baldwin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jessa Francis Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb 6 1907 (Month) (Day) (Year)

AGE: — years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Cora Miller

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Miller

(Address) 113 Baldwin St

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 1 1907

that I last saw h in alive on July 31 1907.

and that death occurred, on the date stated above, at 9A.M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 36 hours

Contributory Enteric Colitis

(DURATION) 28 DAYS

(Signed) Harry C Algire M.D.

Aug 1 1907 (Address) 340 Robinson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Ham

DATE OF BURIAL: Aug 2 1907

UNDERTAKER: Wm E Clemonts & Son

ADDRESS: 919 3 1/2 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 51 Spring Row. Woodbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harriet M. Hebeler

{ Residence, if in Baltimore, Give Street and Number. } 51 Spring Row.

C. 3321

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Hebeler

(Address) 51 Spring Roade

Filed 8/2 1907 HARRY C. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11 1/2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy 4 hours

Acute (DURATION) DAYS

Contributory (Primary.) Burns over face & body. (DURATION) DAYS

(Signed) Edwin Lattimore M.D.

Address 1818 N. Charles

Date Aug 1 1907

Place of Burial St Marys Hampden

Date aug 2 1907

Undertaker Wm E Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3332

City of Baltimore, (No. 215 Lewis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph F. White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July (Month) 4 (Day) 1904 (Year)

AGE: 3 years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. city

FULL NAME OF FATHER: Joseph White

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hester Myers

BIRTHPLACE OF MOTHER (State or country): Balto. city Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester White

(Address) 215 Lewis St

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 — 1907 to Aug 1 — 1907

that I last saw him alive on Aug 1 — 1907,

and that death occurred, on the date stated above, at 5-30 A. M. The CAUSE OF DEATH was as follows:

Spasms

(DURATION) 3 DAYS

Contributory Tubercular Peritonitis about 3 Mo

(DURATION)

(Signed) W. C. Harris M. D.

Aug 1 — 1907 (Address) 134 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Aug 2nd 1907
UNDERTAKER: Chas. G. Butler	ADDRESS: 1427 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 7218 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothea Gueth

{Residence, if in Baltimore, Give Street and Number.} 7218 E. alivia

Duration of Residence in Baltimore. 58 year

C. 3338

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov 15 1828

AGE: 78 years, ~ months, ~ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Fred Hempel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dora Hempel.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elezebeth Gueth

(Address) 7218 E. Oliver

Filed 8/2 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug 1 1907

I HEREBY CERTIFY, That I attended deceased from July 5th 1907 to Aug 1st 1907

that I last saw h~ alive on July 31 1907,

and that death occurred, on the date stated above, at 7 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E B Hutton M.D.

Address 1711 E Baltimore

Date aug 2nd 1907

Place of Burial Dale Cemetery

Date aug 4 1907

Undertaker Robt J Turner

Address 1442 N. Gay.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Sr Baltimore Baltimore Bray

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Staes

{Residence, if in Baltimore, Give Street and Number.} 532 N Bond

Duration of Residence in Baltimore. 50 years

C 3334

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR white

DATE OF BIRTH June 1 184[illegible]

AGE 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER J Staes

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Julia Deck

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Julia Staes

(Address) 532 N. Bond

Filed 8/2 190 7 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 190 7

I HEREBY CERTIFY, That I attended deceased from July 30th 190 7 to Aug. 1st 190 7

that I last saw him alive on Aug 1st 190 7,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea 2 DAYS

(DURATION)

Contributory (Primary.) Old age —

(DURATION) DAYS

(Signed) Wallace A. Meyer M.D.

Address 1031 N. Carline Ave

Date August 2nd 190 7

Place of Burial Mt. Manheim

Date Aug 3 190 7

Undertaker Robt J Lumpkin

Address 1742 N. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Surgeon

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt E. Raymo

{Residence, if in Baltimore, Give Street and Number.} 1615 E Federal

Duration of Residence in Baltimore. 6 months

C 3335 1

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 1 1907

AGE: — years, 6 months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: W. H Raymo

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elnora Feltze

BIRTHPLACE OF MOTHER (State or country): Kunvicemd

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H Raymo

(Address)

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 1 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to Aug 1 1907 that I last saw him alive on Aug 1 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Ileo Colitis

(DURATION) 12 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 12 DAYS

(Signed) A L Macdonald M.D.

Address 1540 N Broadway

Date Aug 2 1907

Place of Burial Greenmount

Date Aug 3 1907

Undertaker Robt J Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 3336

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia F. Raynes
(over)

{Residence, if in Baltimore, Give Street and Number.} 1615 E Federal

C 3336

Duration of Residence in Baltimore. 6 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 1 1907

AGE: — years, 6 months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: W B Raynes

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Florence Schutze

BIRTHPLACE OF MOTHER (State or country): Kurhessen

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W B Raynes.

(Address) 1615 E Federal

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to August 1 1907 that I last saw h ex alive on July 1 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Ileo-Colitis

(DURATION) 12 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 12 DAYS

(Signed) A M Shoaduard M.D.

Address 1540 N Broadway

Date Aug. 2 1907

Place of Burial Greenmount

Date Aug 3 1907

Undertaker Robt J Turner

Address 1442 N. Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name John Hayes

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 3337

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1846

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Edward Hayes

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Bridget Ellenburgh

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 8/2 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 1st 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on July 31 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral apoplexy

2 mos (DURATION) DAYS

Contributory (Primary.) Coma

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Aug 2 1907

Place of Burial St Mary's Govanstown

Date Aug 3 — 1907

Undertaker H. C. Windfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

100

(Place of Death.) No. 532 N. Bruce St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklin Cornish

{ Residence, if in Baltimore, Give Street and Number. } 532 N. Bruce St

Duration of Residence in Baltimore. Life time

C 3338

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Frank Cornish

BIRTHPLACE OF FATHER (State or country): Balt City

MAIDEN NAME OF MOTHER: Sarah Dudley

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Cornish

(Address) 532 N. Bruce St

Filed 8/2 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to ~~Aug~~ July 31 1907

that I last saw h~~im~~ alive on July 31 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Entero Colitis

(DURATION) 9 DAYS

Contributory (Primary.) Convulsions

(DURATION) 8 hours

(Signed) Henry C. Ohler M.D.

Address 1203 W. Fayette St

Date Aug 1 1907

Place of Burial Mt. Auburn

Date August 2 1907

Undertaker John H Ahern & Son

Address 1222 Vincent St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 Dorr St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Chrestner

{ Residence, if in Baltimore, Give Street and Number. } 1818 Dorr

C. 3339

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: aug 5th, 1847

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brookes

(Address) 17 S. Calhoun st

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from 1900 to 1900

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

18 mo (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Jones M.D.

Address 1 Hollins Sq

Date Aug 1st 1907

Place of Burial Western cem.

Date 8= 2 1907

Undertaker Robt Brookes Son

Address 17 S. Calhoun st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 3340

City of Baltimore, (No. 2836 Rayner Ave St. 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
FULL NAME Infant of Blanche and Joseph Ahl McManus

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: Aug (Month) 2 (Day) 1907 (Year)
AGE: 5 Mos Quite uterine years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —
BIRTHPLACE (State or country): City
FULL NAME OF FATHER: Joseph Hemler Ahl
BIRTHPLACE OF FATHER (State or country): City
MAIDEN NAME OF MOTHER: Blanche Sophia Ahl
BIRTHPLACE OF MOTHER (State or country): City
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanche Sophia Ahl
(Address) 2836 Rayner

Filed 8/2" 1907
HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from delivery to time of death 190 to 190
that I last saw h alive on an hour after il birth 190,
and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

a foetus of 5 Mos
See Accompanying Birth Certificate
Heart failure. (DURATION) DAYS
Contributory (DURATION) DAYS

(Signed) Chas. E. Parker M. D.
8/2 1907 (Address) 3111 N Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence /
How long at Place of Death? √ Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery
DATE OF BURIAL: Aug 2 1907
UNDERTAKER: Henry Lutz
ADDRESS: 1007 Bond st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 Decatur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Niemann

{Residence, if in Baltimore, Give Street and Number.} 1434 Decatur

Duration of Residence in Baltimore. 15 yr.

C 3341

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH January 13th 1882

AGE 26 years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Vincent Niemann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Kimpler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Niemann

(Address) 1434 Decatur St

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to July 31 1907

that I last saw h alive on July 31 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

The patient died when I was

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Called at [illegible] M.D.

Address 1228 Charles

Date Aug 1 1907

Place of Burial Holy Cross Cem Co.

Date Aug 3 1907

Undertaker J. D. Stumbaugh

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert F Parks

{ Residence, if in Baltimore, Give Street and Number. } Landonville Md.

C. 3242

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. R. Parks

(Address) Chesleon Md.

Filed 8/2" 1907

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to Aug 2 1907 that I last saw h~~im~~ alive on Aug 2 1907, and that death occurred, on the date stated above, at 10½ a~~m~~. CAUSE OF DEATH (Secondary or immediate.)

Senility. Osteomyelitis.

(DURATION) 79 DAYS

Contributory (Primary.) Diabetes.

(DURATION) 7 DAYS

(Signed) Harvey S Stone M.D.

Address Johns Hopkins Hospital

Date Aug 2" 1907

Place of Burial Owenton Md

Date Aug 2" 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael O. Riley.

{Residence, if in Baltimore, Give Street and Number.} 206 N. Paca St.

Duration of Residence in Baltimore. 40 years

C 3348

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown

AGE: 63 years, ____ months, ____ days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick O. Riley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Dignan

(Address) 603 W Lexington St

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907.

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 1 1907

that I last saw him alive on Aug 1 1907

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation Right Heart

12 hours (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 5 DAYS

(Signed) William W. Bowen M.D.

Address Md. Gen. Hosp.

Date Aug 1 1907.

Place of Burial St Peters

Date August 3rd 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 Sanders St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgianna Lieffrieman

{Residence, if in Baltimore, Give Street and Number.} 420 Sanders St.

C-3344

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 9th 1832

AGE 75 years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER George Fishoch.

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Fannie Herbert

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Haley

(Address) 420 Sanders St

Filed 8/2 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1904 to July 31 1907 that I last saw h[er] alive on July 31 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 9 DAYS

Contributory (Primary.) Brights Disease

(DURATION) 3 Years,

(Signed) C. K. Junk M.D.

Address 1412 Madison Ave

Date Augt 2- 1907

Place of Burial Mt Carmel A A Co

Date Aug 2nd 1907

Undertaker Armstrong Denny Co

Address 715 Light st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 Carroll ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Young

{Residence, if in Baltimore, Give Street and Number.} 1808 Carroll ave.

Duration of Residence in Baltimore. 24 years 6 1 mo.

C. 3345

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: July 1 1893

AGE: 24 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Edward Boulden

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Harford Co. Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Young

(Address) 1808 Carroll ave

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 21st 1907

I HEREBY CERTIFY, That I attended deceased from May 31 1907 to July 31 1907 that I last saw h[er] alive on July 31 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Exhaustion

(DURATION) 1½ DAYS

Contributory (Primary.) Pernicious Anemia (DURATION) 3 Mos

(Signed) A. L. Sanders M.D.

Address 1113 N. Gilmor St.

Date August 1st 1907

Place of Burial Mt Zion

Date Aug the 2d 1907

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 3346

105 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3346

City of Baltimore, (No. 1935, Ridgwood Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emily B. Doxzon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January (Month) 15 (Day) 190 (Year)

AGE: ..... years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jno. F. Doxzon

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Mary Lawson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno F. Doxzon

(Address) 1935 Ridgwood Av

Filed 8/2 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 1st (Day) 190 7 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Dead when seen 1st.
Consulted Dr Baldwin
after stating facts to me.
Chronic Nephritis

(DURATION) 2 DAYS

Contributory Nephritis
Ex Lanatum (DURATION) ..... DAYS

(Signed) C A Smith M. D.

Aug 1st 190 7 (Address) 1605 N North Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 3 190 7
UNDERTAKER	**ADDRESS**
Wilbur H Shriver	916 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

IV

43

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3347

City of Baltimore, (No. 917 Burgundy St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie Wetter.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 31st 1870 (Month) (Day) (Year)

AGE 37 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER George Wetter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dora Tauber

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emilie Wetter

(Address) 917 Burgundy St.

Filed 8/2 190 HARRY J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 22nd 1907 to July 30th 1907 that I last saw h er alive on July 30th 1907, and that death occurred, on the date stated above, at 12.50 a.m. The CAUSE OF DEATH was as follows:

Anemia.
due to Metastasis.
(DURATION) DAYS

Contributory Carcinoma of Right breast (DURATION) DAYS

(Signed) A. T. Zimmerman M. D.

July 31st 1907 (Address) 805 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park — DATE OF BURIAL Aug 3rd 1907

UNDERTAKER Phelps, Seward & Dorsey — ADDRESS 1192 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 3348 Registered No. B C 3348

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma I. Paar

{Residence, if in Baltimore, Give Street and Number.} 1105 S Paca st

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 7/1874

AGE: 30 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Julius Lefert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY KNOWLEDGE~~ AND BELIEF.

(Informant) Fred L Paar

1105 S Paca St

(Address)

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31. 1907

I HEREBY CERTIFY, That I attended deceased from July 29. 1907 to July 31. 1907 that I last saw her alive on July 31. 1907, and that death occurred, on the date stated above, at 12 25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Oedema.

(DURATION) 2 DAYS

Con'tributory (Primary.) Septic Peritonitis

(DURATION) Unknown

(Signed) Wm Dunmore M.D.

Address Bay View Asylum

Date July 31. 1907

Place of Burial Mt. Carmel

Date Aug 3rd 1907

Undertaker Philip Seward & Son

Address 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3349

City of Baltimore, (No. 138, N. Kenwood Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph F. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 19 (Day) 1907 (Year)

AGE: ..... years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Peter Baker

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary Stanton

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Stanton (Grandmother)

(Address) 138 N. Kenwood Ave

Filed 8/2" 1907

HARRY C. [illegible], PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to Aug 2 1907

that I last saw him alive on Aug 1 1907,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Marasmus (DURATION) ..... DAYS

Contributory Asthenia (DURATION) ..... DAYS

(Signed) G. C. Thieme M.D.

Aug 2 1907 (Address) 258 E Balt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Aug. 3 1907

UNDERTAKER: Germanus Franke

ADDRESS: Bank & Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — C 3350 — Registered No. B C 3350 — 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2417 E Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Catharine Altman

{Residence, if in Baltimore, Give Street and Number.} 2417 E Lafayette

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: May 20 1907	
AGE: — years, 2 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: single	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Harry Altman	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Kate Dengler	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Dengler

(Address) 1718 Canton Ave

Filed 8/2 1907 HARRY C. ARD... PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 — 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug 1st 1907 that I last saw h— alive on July 31— 1907, and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro - Enteritis

(DURATION) 12 DAYS

Contributory (Primary.) Eclampsia

(DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 1713 Bank

Date Aug 2/07 1907

Place of Burial St. Alphonsus Cem.

Date Aug. 3rd 1907

Undertaker Germanus Thanz

Address Bank & Wolfe St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 — C 3351 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. At Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kraus

{ Residence, if in Baltimore, Give Street and Number. } 2730 E Donnell St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 7 1873
AGE	34 years, 4 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Andreas Kraus
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Iron moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Buckel

(Address) 2730 O Donnell

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to July 31 1907 that I last saw him alive on July 31 1907, and that death occurred, on the date stated above, at 10:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 365 DAYS

Contributory (Primary.) Hemorrhage

(DURATION) 3 hrs DAYS

(Signed) J. J. C. Connor M.D.

Address St. Joseph's Hosp

Date July 31 1907

Place of Burial Sacred Heart Cemetery

Date Aug 4th 1907

Undertaker Germanus France

Address Bank & Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 N. Washington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anastasia Imhof

{ Residence, if in Baltimore, Give Street and Number. } 514 N. Washington St.

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 12th 1823

AGE: 84 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Matthew Sieber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Eisenreich

(Address) 514 N. Washington St.

Filed 8/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 2, 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to August 2 1907

that I last saw h alive on August 1 1907

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 33 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date August 2, 1907

Place of Burial Holy Redeemer Cemetery

Date Aug. 5th 1907

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3333 Registered No. B .....

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Harrigan

{ Residence, if in Baltimore, Give Street and Number. } .....

C 3333

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Holliday, Supt.

(Address) ..... BAY VIEW ASYLUM.

Filed 8/3" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from April 18 1907 to Aug 1 1907

that I last saw h.. alive on Aug 1 1907,

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Aug 2 1907

Place of Burial London Park Cem

Date Aug 3 1907

Undertaker J B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 700 W Lemtorf St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Bludis

{Residence, if in Baltimore, Give Street and Number.} 700 W Lemtorf St

Duration of Residence in Baltimore. 4 Yrs

0.3.35

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D1 Martin

(Address)

Filed Aug 3rd 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging

(DURATION) 20 Min DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D Martin M.D.

Address 1002 W Lafayette

Date Aug 2 1907

Place of Burial Lauriston Park

Date Aug 3" 1907

Undertaker H. S. Frisch

Address 2118 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 177

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Dare.

{Residence, if in Baltimore, Give Strect and Number.} Wellsburg W. Va.

C. 3357

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 20th 1845

AGE 62 years, 4 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) W. Va

FULL NAME OF FATHER Jas Dare

BIRTHPLACE OF FATHER (State or country) N. J.

MAIDEN NAME OF MOTHER Hanna L Davis

BIRTHPLACE OF MOTHER (State or country) N. J.

OCCUPATION OF DECEASED Wheelwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Peg E Dare

(Address) Wellsburg W Va

Filed Aug 3rd 1907

HARRY C. ANDREWS PERMIT CLERK

Registrar

Lest 6, 62

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to Aug 2 1907

that I last saw h alive on Aug 2 1907

and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

Twelve hours (DURATION) DAYS

Contributory (Primary.) Ascites

Four months (DURATION) DAYS

(Signed) William W. Brown M.D.

Address Md General Hospital

Date Aug 2 1907.

Place of Burial Wellsburg, Brooke Co W Va

Date Aug 3rd 1907

Undertaker Wm M Gawthrop

Address 901 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE. 61

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3356

City of Baltimore, (No. 415, E. 23d St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Viola Moore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afro American

DATE OF BIRTH: July (Month) 31 (Day) 1907 (Year)

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Louis L. Moore.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Ethel J.

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis L Moore

(Address) 415 E. 23d St.

Filed 8/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 2 1907 that I last saw h[illegible] alive on Aug 2, 1907, and that death occurred, on the date stated above, at 11 9 A. M. The CAUSE OF DEATH was as follows:

Meningitis.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Hugh Forsythe M. D.

1907 (Address) 424 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loud County | DATE OF BURIAL: August 3 1907

UNDERTAKER: J H Oman & Son | ADDRESS: 1222 Druid St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3357

Registered No. B

City of Baltimore, (No. 1630 Mulberry St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James S. Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: ____ (Month) ____ (Day) 1856 (Year)

AGE: 51 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Sutton Wilson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Irene Smith

(Address) 1630 Mulberry.

Filed 8/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug., 1906 to Aug. 1907, that I last saw h[im] alive on August 1st 1907, and that death occurred, on the date stated above, at 12-15 M. The CAUSE OF DEATH was as follows:

Nephritis

Valvular Heart Disease

(DURATION) ____ DAYS

Contributory ____

(DURATION) ____ DAYS

(Signed) Thos H. Mogness M. D.

8-13 1907 (Address) 1576 E. Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	August 14 1907
UNDERTAKER	**ADDRESS**
J. Le Bonn & Son	108 W. Lanvale St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 3358

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morkie W. Dorsey

{Residence, if in Baltimore, Give Street and Number.} 206 W. Hamburg Street

Duration of Residence in Baltimore. Life

C 3358

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward Dorsey

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Boston

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Dorsey

(Address) 221 Welcome St.

Filed 8/2 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 1 1907

I HEREBY CERTIFY, That I attended deceased from 15 July 190 to Aug 2, 1907 that I last saw h~~im~~ alive on Aug 1 1907, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intermittent

(DURATION) 17 DAYS

Contributory (Primary.) Stomach

(DURATION) 17 DAYS

(Signed) C. H. Howard M.D.

Address 712 S. Stricker St

Date Aug 2nd 1907

Place of Burial Mt. Auburn Cem

Date August 3, 1907

Undertaker John H. Todd

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEA

City of Baltimore
[If death occurs away
USUAL RESIDENC
give facts called for
"Special Information

PERSONAL A

SEX: Ma

DATE OF BIRTH:

AGE: 51 year

SINGLE, MARRIED, WIDOWED, OR DIVOR

BIRTHPLACE (State or country)

FULL NAME OF FATHER: S

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER: M

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: C

THE ABOVE STATED P BEST OF MY KNOWL

(Informant): Dr

(Address): 1

Filed 8/3 190

Ward ..... Registered No. B 115

CERTIFICATE OF DEATH.

(Place of Death.) No. 522 Campbell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Crothers

{Residence, if in Baltimore, Give Street and Number.} 522 Campbell St.

Duration of Residence in Baltimore. Life

C 3359

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Nov 1 1906	
AGE: 9 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Wm. Crothers	
BIRTHPLACE OF FATHER (State or country): Balto.	
MAIDEN NAME OF MOTHER: Annie Horan	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Crothers

(Address) 522 Campbell St

Filed 8/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to Aug 1 1907 that I last saw h[illegible] alive on Aug 1 1907 and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate.)

Drainage & Enteritis

2 weeks (DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) J. E. Muse M.D.

Address 865 Columbia

Date Aug 2 1907

Place of Burial St Peters Cemetery

Date Aug 3rd 1907

Undertaker James Digman & Son

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3350 Registered No. B [illegible]

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Sterrett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Gast

{Residence, if in Baltimore, Give Street and Number.} 1009 Sterrett st.

Duration of Residence in Baltimore. Life

C 3340

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 9 1906

AGE: ..... years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas J. Gast

BIRTHPLACE OF FATHER (State or country): Wurzberg Germany

MAIDEN NAME OF MOTHER: Amy Reuse

BIRTHPLACE OF MOTHER (State or country): Cumberland Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J. Gast

(Address) 1009 Sterrett st

Filed 8/3" 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 2 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Aug 2 1907.

that I last saw her alive on Aug 1 1907.

and that death occurred, on the date stated above, at 9 A M. CAUSE OF DEATH (Secondary or Immediate.)

Drainage and Entuits

7 days (DURATION) DAYS

Con'ributory (Primary.) Spasms

1 hour (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 853 Columbia

Date August 2 1907

Place of Burial Loudon Park Cemetery

Date Aug 3 1907

Undertaker James Dignan & Son

Address 759 W Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. D [illegible]

C 3361

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 535 N. West St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Brown

{Residence, if in Baltimore, Give Street and Number.} 535 N. West St

Duration of Residence in Baltimore. 40 yrs

C 3361

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	December 8 1828
AGE	78 years, 7 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Calvert Co Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Bozard (daughter)

(Address) 536 N West St

Filed 8/3" 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic disease of the heart

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) C. McGuinness M.D.

Address Coroner

Date Aug 3 1907

Place of Burial Mt Auburn

Date August 4. 1907

Undertaker Alex. H. Emmert

Address 578 W. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1436 Hollen Rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H Bowen

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

C 33 6P

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: do not Know

BIRTHPLACE OF FATHER (State or country): do not Know

MAIDEN NAME OF MOTHER: do not Know

BIRTHPLACE OF MOTHER (State or country): do not Know

OCCUPATION OF DECEASED: Labour

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily L Bowen

(Address) 1436 Hollen Rd

Filed 8/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to July 31 1907

that I last saw him alive on July 31 1907

and that death occurred, on the date stated above, at 4 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart failure -
Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Typhritis - cont

Chronic Bronchitis (DURATION) 40 DAYS

(Signed) E. Judson Neilley M.D.

Address 2829 W. Baltimore St.

Date August 2 1907

Place of Burial Greenmount

Date August - 3 1907

Undertaker J. E. Ingram & Son

Address 1438 E Charles St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Registered No. D

15

CERTIFICATE OF DEATH. C 3363

(Place of Death.) No. 3252 Barclay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Infant of Bursey & Mattie Mayo

Full Name Infant - Mayo

{Residence, if in Baltimore, Give Street and Number.} 3252 Barclay rear

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Aug. 1 1907

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Burley Mayo

BIRTHPLACE OF FATHER (State or country): Cumberland Va.

MAIDEN NAME OF MOTHER: Matty Brown

BIRTHPLACE OF MOTHER (State or country): Norfolk Va.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bacon

(Address) 3252 Barclay

Filed 8/3 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 1 1907

that I last saw h alive on Aug 1 1907

and that death occurred, on the date stated above, at 11 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Contributory (Primary.) Premature Birth (DURATION) 7 hrs DAYS

(DURATION) 7 hrs DAYS

(Signed) John D Kuhn M.D.

Address 428 Gorsuch Ave

Date Aug. 2 1907

Place of Burial Laurel Cemetery

Date Aug 3rd 1907

Undertaker Fidelity Burial Co

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. D 9r

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Davis

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

c. 33614

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 6 hours (years), months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mary Davis

BIRTHPLACE OF MOTHER (State or country) Jersey City N.J.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Hinkley, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1907

I HEREBY CERTIFY, That I attended deceased from 8/1 1907 to 8/2 1907 that I last saw him alive on 8/2 1907, and that death occurred, on the date stated above, at 5-45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 6 hours

Contributory (Primary.) Bronchopneumonia (DURATION) 6 hours

(Signed) R R Konnick M.D.

Address Bay View Hospital

Date Aug 2 1907

Place of Burial Sacred Heart Cem.

Date August 3, 1907

Undertaker Ernest Lynch

Address 118 & 120 Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

27.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3365

City of Baltimore, (No. 1300 N Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME J. Frank Kane

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 31 1878
(Month) (Day) (Year)

AGE 29 years, 9 months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John J Kane

BIRTHPLACE OF FATHER (State or country) N J

MAIDEN NAME OF MOTHER Susan E. Kane

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Retired Horse Shoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan E. Kane

(Address) 1300 N. Lexington

Filed 8/3" 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2nd. 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 15 1907 to Aug. 2nd 1907

that I last saw him alive on Aug 1st 1907,

and that death occurred, on the date stated above, at 7-30 A. M. The CAUSE OF DEATH was as follows:

Concussion of the brain & Fracture of

(DURATION) 2 Hrs. ~~DAYS~~

Contributory Heart disease (DURATION) 6 Mos. ~~YEARS~~

(Signed) E. H. Hoffman M. D.

Aug 2nd 1907 (Address) 1702 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL Aug 5 1907

UNDERTAKER Jos B Cook | ADDRESS 1018 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 3366 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1821 Lovington. St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Brannan

{Residence, if in Baltimore, Give Street and Number.} 1821 Lovington St

Duration of Residence in Baltimore. 43 yrs Ref C 3366

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Don't know

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Brannan

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Bridget Helland

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Brannan (sister)

(Address) 1821 Lovington St

Filed 8/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

Contributory (Primary) Cardiac Failure (DURATION) DAYS

(Signed) Thos Feinhardt M.D.

Address Coroner

Date Aug 1. 1907

Place of Burial Cathedral Cem.

Date Aug 5 1907.

Undertaker Daniel and M. L. Hepner

Address 42. East-West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

C 3367 Registered No. B C 3567

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 E Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos E Roe

{Residence, if in Baltimore, Give Street and Number.} 1219 E Monument St

Duration of Residence in Baltimore. 70 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thos Roe

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Wilkinson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kit Herbert

(Address) 1219 E Monument St

Filed 8/3" 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8. 2 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 2 1907

that I last saw h— alive on 2d 1907,

and that death occurred, on the date stated above, at 3.30 a.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage

(DURATION) 4 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) M L Todd M.D.

Address 1202 E Monument St

Date 8. 2 1907

Place of Burial Bals Cemetery

Date August 4th 1907

Undertaker Wm Cook

Address 502 E North

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3368

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1059 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Simon Lauer

{Residence, if in Baltimore, Give Street and Number.} 1059 Harford Ave.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER James Lauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Steck

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Daughter

(Address) 1059 Harford Ave.

Filed 8/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2nd 1907

I HEREBY CERTIFY, That I attended deceased from July 15th 1907 to July 20th 1907

that I last saw h[illegible] alive on July 20 1907

and that death occurred, on the date stated above, at 8 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver

(DURATION) ? DAYS

Contributory (Primary) Asthenia

(DURATION) DAYS

(Signed) Leonard M. C. Parker M.D.

Address 1051 Aisquith St

Date Aug 2nd 1907

Place of Burial Holy Redeemer Cemetery

Date Aug. 5th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph C McNamee

{Residence, if in Baltimore, Give Street and Number.} 702 E Preston

Duration of Residence in Baltimore. Life C 3369

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W

DATE OF BIRTH: 25" December 1874

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Michael McNamee

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: Bridget — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah McNamee

(Address) 702 E. Preston St.

Filed 8/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 1 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to Aug 1 1907

that I last saw h... alive on Aug 1 1907

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

(DURATION) 30 DAYS

Con'tributory (Primary.) Cystitis

(DURATION) 7 DAYS

(Signed) W W Eskey M.D.

Address City Hospital

Date August 1 1907

Place of Burial New Cathedral Cemetery

Date August 5" 1907

Undertaker Hy W. Jenkins & Sons Co

Address 306 W. Madison St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 3370 Registered No. B C 3302

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Edw Keene

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf Asy't C. 3370

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH 1

AGE — years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Chas. Keene

BIRTHPLACE OF FATHER (State or country) — Pa

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — Pa

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elizabeth Harris

(Address) 2036 E. North Ave

Filed 8/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Aug 2 1907 that I last saw h.. alive on Aug 2 1907 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lafayette Ave

Date Aug. 3 1907

Place of Burial St Peters Cemetery

Date Aug 6th 1907

Undertaker Geo W Reid's Successor

Address 907 Hallows St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 528 N. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth D. Minton

{ Residence, if in Baltimore, Give Street and Number. } 648 N. Mulberry St.

Duration of Residence in Baltimore. Life time (1337)

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR White

DATE OF BIRTH ~~Aug 1~~ July 29 1907

AGE 4 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo N. Minton

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary ~~Minton~~ Miller

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L E Beach

(Address) 837 N Fayette St

Filed 8/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 1 1907

that I last saw h[illegible] alive on Aug 1 1907,

and that death occurred, on the date stated above, at 11 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Diarrhea (DURATION) 4 DAYS

(Signed) L. E. Beach M.D.

Address 837 N Fayette St

Date Aug 2 1907

Place of Burial New Cathedral

Date 8/3 1907

Undertaker Wm J Schilling

Address 204 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3372

City of Baltimore, (No. 617, Roland Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Irving R Carey.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August (Month) 2 (Day) 1907 (Year)

AGE: ____ years, 11 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Morris V. Carey.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Birtha Lowman.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of Child Albert Carey

(Address) 617 E. Roland

Filed 8/3 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1st 1907 to August 2nd 1907

that I last saw him alive on August 2 1907,

and that death occurred, on the date stated above, at 10.25 A. M. The CAUSE OF DEATH was as follows:

Entero-Colitis.

(DURATION) 3 DAYS

Contributory _____

(DURATION) ____ DAYS

(Signed) A. Stalley, M. D.

August 2 1907 (Address) 3849 Roland

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Aug 4 1907

UNDERTAKER: Horace Burgess

ADDRESS: 3631 Falls Rd

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 10

CERTIFICATE OF DEATH. C 33773

(Place of Death.) No. 500 S. Smallwood St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bulah Brutsche

{ Residence, if in Baltimore, Give Street and Number. } 500 S. Smallwood St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 8th 1907

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo J. Brutsche

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ida Simon

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo J. Brutsche

(Address) 500 S Smallwood

Filed 8/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3rd 1907

I HEREBY CERTIFY, That I attended deceased from July 27th 1907 to Aug 3rd 1907 that I last saw her alive on Aug 3rd 1907, and that death occurred, on the date stated above, at 5 a m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) [signature] M.D.

Address 2217 Hilkenson

Date Aug 3rd 1907

Place of Burial Woodlawn Park

Date Aug 4 1907

Undertaker Mrs Geo P Paulus

Address 2101 Fredericks Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 3374 Registered No. B 15 1

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Madison Lynch

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy't.

Duration of Residence in Baltimore. C. 3374

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH June 19 1907

AGE ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Harry F Lynch

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Estelle Phillips

BIRTHPLACE OF MOTHER (State or country) Carroll Co.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estelle Lynch

(Address) 1401 Division St

Filed 8/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw him ..... alive on ..... 190..

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date Aug 3 1907

Place of Burial St Peters

Date Aug 4 1907

Undertaker A S Williams Sons

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ... 1905

C 3375

CERTIFICATE OF DEATH.

(Place of Death.) No. 511 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James P Bluchus

{Residence, if in Baltimore, Give Street and Number.} 511 Hickory Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 7 1906

AGE: ... years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: James E Bluchus

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: L V Wells

BIRTHPLACE OF MOTHER (State or country): Howard Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Bluchus

(Address) 511 Hickory Ave

Filed 8/3 1907

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Dec~~ Aug 2 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Aug 2 1907

that I last saw h... alive on Aug 2 1907,

and that death occurred, on the date stated above, at 2:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 1 DAYS

Contributory (Primary.) Enteritis Colitis

(DURATION) 12 DAYS

(Signed) R B Norment M.D.

Address 3543 Chestnut Ave

Date Aug 2nd 1907

Place of Burial N W Mary N.V

Date Aug 3 1907

Undertaker N S Marshall

Address 3529 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C 3376 ... Registered No. ...

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Winans Cor Spring Gardens (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Archibald L Russell

{ Residence, if in Baltimore, Give Street and Number. } 1215 William St

Duration of Residence in Baltimore. Life C.3376

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 11 1890
AGE	17 years, 6 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	John W. Russell
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Margaret J McMullen
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Russell Father

(Address) 1215 William St

Filed 8/3/07 190... HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) C. M. Reinhardt M.D.

Address Coroner

Date July 31 1907

Place of Burial Cedar Hill

Date August 3 rd 1907

Undertaker E Hark

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3377 Registered No. B

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Sabis Hahnemann Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Seitz

{ Residence, if in Baltimore, Give Street and Number. } 2048 Fountain Ave

Duration of Residence in Baltimore. Life C 3377

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec. 7th 1896

AGE 10 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Chas. Seitz.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Bertha Emerich

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Seitz.

(Address) 2048 Fountain Ave

Filed 8/3" 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 2 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis — Traumatic

Acc

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Evelyn Cummins M.D.

Address Coroners Office

Date Aug. 2 — 1907

Place of Burial "Evergreen Cemetery

Date Aug 5" 190 7

Undertaker H. Saunders Sons.

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3378 Registered No. D 20

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Wilson 2nd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin R. ies

{ Residence, if in Baltimore, Give Street and Number. } 313 Durham Lane

Duration of Residence in Baltimore. Life

C 3378

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 10th 1907
AGE	..... years, 4 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	George Ries
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Kate Heinz
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Ries

(Address) 313 L Durham st

Filed 8/3 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 1 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to aug 1 1907

that I last saw him alive on aug 1 1907

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate.)

Infected wound of scalp

General Infection

three weeks (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Henry L. Whittle M.D.

Address Baltimore Md

Date Aug 2 1907

Place of Burial Holy Redeemer Cemetery

Date Aug 3 1907

Undertaker J. L. Snyder & Son

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That, whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Registered No. D 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 744 91 Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Moran

{ Residence, if in Baltimore, Give Street and Number. } 744 91 Mulberry St

Duration of Residence in Baltimore. 35 years C. 33179

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1837

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Edward Moran

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Cora McLaughlin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Moran

(Address) 744 91 Mulberry St

Filed 8/3 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Mch 1st 1907 to Aug 2nd 1907

that I last saw h[illegible] alive on Aug 1st 1907,

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Dropsy of Asthma

(DURATION) 90 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) 6 months

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St.

Date Aug 3rd 1907

Place of Burial Greenmount Cathedral

Date Aug 5th 1907

Undertaker M. Fahey & Sons

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 106 West Clement St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Lizzie D. Griffith

{Residence, if in Baltimore, Give Street and Number.} 106 W. Clement

Duration of Residence in Baltimore. 40 years

C. 3380

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 27 1858

AGE: 49 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Ferdinand Colapsadle

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary A Glasgow

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H Griffith

(Address) 106 W. Clement St

Filed 8/3" 1907 HARRY O. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug. 1st 1907

that I last saw h.. alive on Aug. 1st 1907,

and that death occurred, on the date stated above, at 6.45

11. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart

Unknown (DURATION) — DAYS

Contributory (Primary.)

Unknown (DURATION) DAYS

(Signed) J. K. Wiley M.D.

Address 724 E. Lexington St.

Date Aug. 3 1907

Place of Burial Loudon Park

Date August 5 1907

Undertaker Jos. Stuntebeck

Address 318 Lisbon

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 3381 Registered No. B C 3381

CERTIFICATE OF DEATH.

(Place of Death.) No. 1411 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earl Vernon Smith.

{ Residence, if in Baltimore, Give Street and Number. } 1411 Brunt St.

Duration of Residence in Baltimore. Lifetime. C 3391

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Charles E. Smith

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Wilmina Green

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Smith

(Address) 1411 Brunt St

Filed 8/3 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from July 25, 1907 to Aug. 2nd 1907

that I last saw him alive on Aug. 1st 1907

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia.

(DURATION) DAYS

Con'ributory (Primary.) Enteritis —

Colitis (DURATION) 7 DAYS

(Signed) W. V. Carr. M.D.

Address 515 Mosher St

Date Aug. 3rd 1907

Place of Burial Mt Auburn Cemetery

Date August 4th 1907

Undertaker Felix B Frye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1640 N Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel C Sommers

{Residence, if in Baltimore, Give Street and Number.} 1640 N Baltimore St.

Duration of Residence in Baltimore. 3 mos 0.3382

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 12 - 1906

AGE 1 years, months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ellicott city Md.

FULL NAME OF FATHER Benj. H Sommers

BIRTHPLACE OF FATHER (State or country) Nanticoke Md.

MAIDEN NAME OF MOTHER Sarah C Mills

BIRTHPLACE OF MOTHER (State or country) Front Royal Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin H Sommers

(Address) 1640 N Balto

Filed 8/3" 1907

HARRY C. ANDREW, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 2 1907 that I last saw him alive on Aug 2 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. S. Smith M.D.

Address 1628 N Lexington

Date Aug 2 - 1907

Place of Burial St Johns Cemetery

Date Aug. 6 - 1907

Undertaker Jno H Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 215 E. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lewel M. Levy

{Residence, if in Baltimore, Give Street and Number.} 215. E. Caroline St

Duration of Residence in Baltimore. life C3283

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 1 month, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Nathan Levy

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ettie Silberman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. Levy

(Address) 215 E Carline st

Filed 8/3" 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 2 1907

that I last saw him alive on Aug 2 1907

and that death occurred, on the date stated above, at 9.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Gastro Intestinal Catarrh

3 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119. E. Balto. st

Date Aug 2 1907

Place of Burial Helwa Road Dale Cem

Date August 4 1907

Undertaker Max Levinson

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 345 Davis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Raymond Frace

{Residence, if in Baltimore, Give Street and Number.} Lexington Hotel

Duration of Residence in Baltimore. four years

C. 3384

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 12 1865

AGE: 42 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Hornell N.Y.

FULL NAME OF FATHER: Danl. D. Frace

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Harriet Carlson

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Artificial stone mfr.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Mohan

(Address) 617 Franklin St.

Filed Aug 4th 1907

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 3 1907

that I last saw h~~im~~ alive on Aug 3 1907.

and that death occurred, on the date stated above, at 9.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes - primary

Died from Coma.

secondary 8 days (DURATION) DAYS

Con'tributory (Primary.) Cirrhosis of

diabetes. (DURATION) DAYS

(Signed) J. F. Leitz M.D.

Address 1340 W. North Ave

Date Aug 3 1907

Place of Burial Hornell N.Y.

Date Aug 4th 1907

Undertaker G. F. Walker

Address 723. W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William J. Burns

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C.3385

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/4" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3. 1907

I HEREBY CERTIFY, That I attended deceased from June 1. 1906 to Aug 3. 1907

that I last saw him alive on Aug 2 1907

and that death occurred, on the date stated above, at 5 o'c.

a.m. CAUSE OF DEATH (Secondary or Immediate.)

~~Chronic Nephritis~~
Oedema of Lungs

(DURATION) ~~3~~ 3 DAYS

Con'tributory (Primary.) Oedema of
~~the Lungs~~ Chronic nephritis (DURATION) 90 DAYS

(Signed) J. M. Summers M.D.

Address Bay View Asylum

Date August 3. 1907

Place of Burial Loudon Park Cem.

Date AUG 5 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. Mt Wilson Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arthur Sauerwein

{Residence, if in Baltimore, Give Street and Number.} 1039 N. Gay St.

Duration of Residence in Baltimore. life

C. 3386

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 30 1907

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Sauerwein

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Nannie Davis

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Sauerwein

(Address) 2316 E. Fedderal st

Filed 8/4" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2. 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 2 1907

that I last saw him alive on Aug 2 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Ihs Colitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry L. White M.D.

Address Baltimore Md

Date Aug 3. 1907

Place of Burial Mt Olivet Cemetery

Date Aug 4th 1907

Undertaker Ephraim Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Rooney

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 3287

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Stonecutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM

Filed 8/14 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Aug 3 1907

that I last saw h. i. alive on Aug 3 1907,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) O R Kinnit M.D.

Address Bay View Hospital

Date Aug 3 1907

Place of Burial Sacred Heart

Date 8/14 1907

Undertaker Evans & Spence

Address 1847 20 W. Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Tracy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C.3288

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/4" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 3 1907

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Aug. 3 1907

that I last saw h alive on Aug. 3 1907,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplagia
Chronic diffuse
Nephritis

(DURATION) DAYS

Contributory (Primary Cysteis —
Pelvis (DURATION) DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date Aug. 3 1907

Place of Burial Sacred Heart

Date 8/4 1907

Undertaker Evans & Spence

Address 1818 & 1820 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3389

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A Howard

{Residence, if in Baltimore, Give Street and Number.} 1513 N. Stricker St.

Duration of Residence in Baltimore. 40 years C 3389

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 17 1836

AGE: 70 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 8/4" 1907

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 2 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1906 to Aug 2 1907 that I last saw h. in alive on Aug 2 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate) Senile Gangrene Senility

(DURATION) DAYS

Contributory (Primary.) Cystitis

Chronic (DURATION) DAYS

(Signed) C R Norris M.D.

Address Bay View Asylum

Date Aug 2 1907

Place of Burial Baltimore Md.

Date Aug 4 1907

Undertaker Wm J Tilden Sons

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 3390

CERTIFICATE OF DEATH.

47 K

(Place of Death.) No. 810 N Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Correll

{ Residence, if in Baltimore, Give Street and Number. } 810 N Calhoun

Duration of Residence in Baltimore. Whole Life C 3390

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 21 1845

AGE 61 years, 9 months, 13 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Upperman

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Emma Upperman

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Correll

(Address) 810 N Calhoun

Filed 8/4" 1907 HARRY C. ARNOLD PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from July 2nd 1907 to Aug 2 1907

that I last saw her alive on Aug 1st 1907,

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Syncope

(DURATION) DAYS

Contributory (Primary.) Rheumatic

Myo-Carditis (DURATION) 30 DAYS

(Signed) Marshall G Smith M.D.

Address 1628 W Lexington

Date Aug 2nd 1907

Place of Burial Loudon Park Cem

Date Aug 5th 1907

Undertaker W F Tackett & Son

Address Caroline & Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

102

(Place of Death.) No. 861 Lemmon St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leroy Patterson

{ Residence, if in Baltimore, Give Street and Number. } 861 Lemmon St

Duration of Residence in Baltimore. Life

C. 2391

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: C
DATE OF BIRTH: 1	
AGE: ..... years, 9 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): city	
FULL NAME OF FATHER: John Cook	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Jane Patterson	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Patterson

(Address) 861 Lemmon St

Filed

Aug 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1907

I HEREBY CERTIFY, That I attended deceased from

As Coloner 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Ex Laustion

(DURATION) DAYS

Contributory (Primary)

Chronic Enteritis Colitis (DURATION) DAYS

(Signed) Patrick F Maitus M.D.

Address

Date Aug 4 1907

Place of Burial Mt Auburn

Date Aug 4 1907

Undertaker Felix B Pye

Address 10 & E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

87

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis J. Kantz.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 3292

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: white
DATE OF BIRTH: 1	
AGE: 84 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Aug. 4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 22 1906 to Aug 3 1907 that I last saw h e alive on Aug 3 1907, and that death occurred, on the date stated above, at 7.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia of right side

(DURATION) DAYS

Contributory (Primary.) Certain —

Melancia (DURATION) DAYS

(Signed) R R Konrad M.D.

Address Bay View Hospital.

Date August 3 1907

Place of Burial Sacred Heart Cemetery

Date August 4th 1907

Undertaker Christian Miller

Address 233 E Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2310 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna S. Huber

{ Residence, if in Baltimore, Give Street and Number. } 2310 Jefferson st

Duration of Residence in Baltimore. 50 years

C. 3343

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	May 25th 1836
AGE	71 years, 2 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Huber

(Address) 2310 Jefferson St

Filed Aug 4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2nd 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Aug 1st 1907

that I last saw h alive on Aug 1st 1907

and that death occurred, on the date stated above, at 2.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Poisoning

(DURATION) DAYS

Con'ributory (Primary.) Bright's Disease

(DURATION) 60 DAYS

(Signed) J. S. Warner M.D.

Address 1120 Highland Ave

Date Aug 2nd 1907

Place of Burial 1st United Evangelical Cemetery

Date August 4th 1907

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Myers

{Residence, if in Baltimore, Give Street and Number.} 709 Mosher St

Duration of Residence in Baltimore. 5 yrs

C.3394

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Simon B Myers

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Rose Smith

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon B Myers

(Address) 709 Mosher St

Filed

Aug. 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augt 3 1907

I HEREBY CERTIFY, That I attended deceased from Augt 3 1907 to Augt 3 1907 that I last saw h[er] alive on Augt 3 1907, and that death occurred, on the date stated above, at 2 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Naso Pharyngeal Diphtheria (DURATION) 6 DAYS

(Signed) John S Hurdle M.D.

Address 647 W Lombard St

Date Augt 3 1907

Place of Burial Christ Shalom

Date August 4 1907

Undertaker Harry Goodheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1056

(Place of Death.) No. 1350 Fremont ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ruth Stewart

{ Residence, if in Baltimore, Give Street and Number. } 1350 Fremont ave.

Duration of Residence in Baltimore. 7 weeks

C. 3395

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH June 6th 1907

AGE ..... years, 1 months, 3 mos days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William Stewart

BIRTHPLACE OF FATHER (State or country) U. States

MAIDEN NAME OF MOTHER Mary Fletcher

BIRTHPLACE OF MOTHER (State or country) U. States

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Stewart

(Address) 1350 Fremont

Filed

Aug 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 3 1907

that I last saw her alive on Aug 2 1907,

and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 10 DAYS

Con'tributory (Primary.) Premature Birth

8 mos (DURATION) DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St

Date Aug 4 1907

Place of Burial Dulany

Date Aug 5th 1907

Undertaker Thomas E. Wright

Address 1364 Mt Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

166

(Place of Death.) No: Md Univ Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antona Pojdokas

{Residence, if in Baltimore, Give Street and Number.} 124 Pearl St

Duration of Residence in Baltimore.....

C3296

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 9 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Aloizy Pojdokas

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Veronica Stokuvics

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Veronica Pojdokas

(Address) 124. N. Pearl St.

Filed: Aug 4 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 2 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

Fall from roof of tenement house

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address

Date Aug 2 1907

Place of Burial Holy Redeemer

Date August 4th 1907

Undertaker Jacob Fialkowski

Address 428. S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 428 Pine St Harry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Harry~~ Kirby

{ Residence, if in Baltimore, Give Street and Number. } 12 So Chapel Ct

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore White

(Address) 1702 Gough St

Filed 8/4" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 2 1907

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date Aug 4 1907

Place of Burial Green Mount

Date Aug 5 1907

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

Ward Eagle 6. C 3398 Registered No. B C 3398

15

CERTIFICATE OF DEATH.

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Theresa Demarco

{Residence, if in Baltimore, Give Street and Number.} 116 Albemarle St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 7 - (?) 1907

AGE: ..... years, ... months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant -

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: M. Demarcos.

BIRTHPLACE OF FATHER (State or country): ? + Foreign

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Foreign.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) N. C. Roberts

(Address) 217 Presidents St.

Filed 8/4" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4th 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to Aug 4 1907

that I last saw her alive on Aug 4 1907

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) Life

Contributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) H. H. Eshen M.D.

Address City Hospital

Date 190

Place of Burial St. Vincent - Cem.

Date Aug. 5" 1907

Undertaker Rudell Lippel & Son

Address 930 S. Bond St.

*WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3399

City of Baltimore, (No. Woodland Hall - Forest Park St.; Baltimore, Md. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rufus C. King.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1906 (Year)

AGE: 1 years, 3 months, ... days

SINGLE, ~~MARRIED~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Waycross - Georgia

FULL NAME OF FATHER: Rufus C. King

BIRTHPLACE OF FATHER (State or country): Waycross - Georgia

MAIDEN NAME OF MOTHER: Della L. King

BIRTHPLACE OF MOTHER (State or country): Waycross - Georgia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L.R. Palmer M.D.

(Address) 1021 Madison Ave.

Filed Aug 5th 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to August 4 1907 that I last saw h[illegible] alive on Aug. 4 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Acute Gastro - Enteritis

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Lewis R. Palmer M. D.

Aug. 4 1907 (Address) 1021 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Waycross, Georgia	Aug. 5 1907.
UNDERTAKER	ADDRESS
J. Ahrens & Co	754 N. Eutaw St

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 3400

City of Baltimore, (No. 15 West Lafayette Ave / ~~Lafayette~~ St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anthony G Beil

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 14 (Month) 14 (Day) 1907 (Year)

AGE: ..... years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Alphonsus Beil

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: amelia Ostendorf

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Beil

(Address) 15 West Lafayette Ave

Filed 8/5" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 3 d. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug. 3 1907

that I last saw him alive on Aug. 3 1907,

and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Scholcea Infantum

(DURATION) 10 DAYS

Contributory Terminal Exhaustion

(DURATION) 3 DAYS

(Signed) C. H. Hoffman M. D.

Aug 5 1907 (Address) 1702 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Alphonsus | DATE OF BURIAL: Aug 5 1907

UNDERTAKER: Wm J Schilling | ADDRESS: 1 S Appleton St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 3401

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth F Lemming

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: ..... 1 .....

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wd.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): X

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Boarding House Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Dorsey

(Address) 10 South St.

Filed 8/5 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 4th 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1906 to August 4th 1907

that I last saw h er alive on Aug. 2nd. 1907

and that death occurred, on the date stated above, at 6.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

..... (DURATION) ..... DAYS

Contributory (Primary.) arterio-sclerosis,

Nephritis, Senility (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hosp.

Date Aug 4th 1907

Place of Burial Greenmount Cemetery

Date Aug 5th 1907

Undertaker C Henneweth & Son

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

93L

(Place of Death.) No. Md. Genl Hospital Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Ellen C. Park

{Residence, if in Baltimore, Give Street and Number.} 2036 E. Hoffman St.

Duration of Residence in Baltimore. 54 years C. 3402

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 20 1853

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. City Md.

FULL NAME OF FATHER: Justice Johnson

BIRTHPLACE OF FATHER (State or country): St. Augustine, Florida

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward E. Park's

(Address) 2036 E. Hoffman St.

Filed 8/15 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4. 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to Aug 4. 1907

that I last saw h alive on Aug 4 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) J. W. M. Thom M.D.

Address Md. Genl Hospital

Date Aug 4, 1907

Place of Burial Mt. Olivet Cem—

Date Aug. 6th 1907

Undertaker Mr. & Mrs. John H. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

61

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3403

City of Baltimore, (No. 212, 9th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Baby Covalenchek

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Max Covalenchak

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Eliza Erickson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Baylan

(Address) 212 N. 9th st

Filed 8/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 8 (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 8/3 1907 to 8/4 1907

that I last saw him alive on 8/4 1907,

and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Marasmus Gitis Cerebral ?

(DURATION) 1 DAYS

Contributory Cardiac Asthenia

(DURATION) ____ DAYS

(Signed) S. C. Kazoff M. D.

8/4 1907 (Address) 116 N. 9th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Roos Dale Cemetery — DATE OF BURIAL: Aug 5 1907

UNDERTAKER: Max Levinson — ADDRESS: 1620 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 3404

City of Baltimore, (No. 211 N Durham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian E Mitchell

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) — Year)

AGE: 1 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm M Mitchell

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Elyabeth Moore

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elyabeth Mitchell

(Address) 211 N Durham

Filed. 190 7

HARRY C. ARENDS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 3 1907 that I last saw her alive on Aug 3 1907, and that death occurred, on the date stated above, at 4 A M. The CAUSE OF DEATH was as follows:

Entero-Colitis

(DURATION) 1 DAYS

Contributory —

(DURATION) DAYS

(Signed) G. L. Rowe M. D.

Aug 3 1907 (Address) 2000 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death: Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: August 3 1907

UNDERTAKER: R A Ellicott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. ..... D.

40

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Freida Weisel

{ Residence, if in Baltimore, Give Street and Number. } 3129 Elliot St

C. 3406

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 1860

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Newark N.J.

FULL NAME OF FATHER Fred Henseler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christina Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Weisel

(Address) 3129 Elliott at

Filed 8/15 1907

REGISTRAR'S

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1907 to Aug 3rd 1907 that I last saw her alive on Aug 3rd 1907, and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) J. H. Branham M.D.

Address 2200 Eutaw Place

Date Aug 3rd 1907

Place of Burial Mt. Carmel Cemetery

Date Aug 6, 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2002 Monnonies Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ray Frost

{Residence, if in Baltimore, Give Street and Number.} 2002 Monnonies Court

Duration of Residence in Baltimore Life C. 3406

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 12th 1907
AGE	..... years, ... months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Lars Frost
BIRTHPLACE OF FATHER (State or country)	Sweden
MAIDEN NAME OF MOTHER	Mary Nagel
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Frost

(Address) 2002 Monnonies Ct.

Filed

..... 190 07

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Aug 3 1907 that I last saw h.... alive on Aug 3 1907 and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) John Fox M.D.

Address 2007 Eastern ave

Date Aug 4th 1907

Place of Burial St Pauls Cemetery

Date August 5th 07

Undertaker H. HANDLEY & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1711 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilfred Frederick Heinbuch

{ Residence, if in Baltimore, Give Street and Number. } 1711 Eastern ave

Duration of Residence in Baltimore. Life C 3407

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 30th 1907
AGE	..... years, 2 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Frederick Heinbuch
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Lillian Heinz
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Heinbuch

(Address) 1711 Eastern Ave

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 3 1907

that I last saw h.. alive on Aug 3 1907,

and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) — DAYS

Contributory (Primary.) Marasmus

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date Aug 4th 1907

Place of Burial Greenmount Cem

Date Aug 5 1907

Undertaker SNYDER & SONS.

Address 1708-1710 Canton Avenue S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1926 Canton Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Wensber

{Residence, if in Baltimore, Give Street and Number.} 1926 Canton Ave.

Duration of Residence in Baltimore. 40 years. C. 3407

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 13th 1827

AGE: 79 years, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam. Boss.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Frank

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Boss

(Address) 913 Chesapeake St

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1907 to Aug 3rd 1907

that I last saw h[er] alive on Aug 3rd 1907,

and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile & Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pthisis Pulmonalis

(DURATION) DAYS

(Signed) Herman J. Siering M.D.

Address 1937 Eastern Ave.

Date Aug. 4th 1907

Place of Burial 1st Evangelical Cem.

Date August 6th 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue,
S. E. Cor. Bradway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or person having the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, [illegible] single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 512 S. Durham St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma L. Ruckelhaus

{Residence, if in Baltimore, Give Street and Number.} 512 S. Durham St

Duration of Residence in Baltimore. Life

C. 3409

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Peter Ruckelhaus

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minnie Schmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Ruckelhaus

(Address) 512 S. Durham St

Filed 8/5 190 7

HARRY G. HOWARD, CITY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug, 3, 1907

I HEREBY CERTIFY, That I attended deceased from July 21, 1907 to Aug 3 1907 that I last saw her alive on Aug 3 1907 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis

(DURATION) 14 DAYS

Contributory (Primary) Exhaustion (DURATION) 3 DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date Aug 5 1907

Place of Burial Loudon Park

Date Aug 5 1907

Undertaker D. Nicolays & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C. 3410

(Place of Death.) No. 2438 Canton Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Edna Elizabeth Rehfs.

{Residence, if in Baltimore, Give Street and Number.} 2438 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 1907

AGE — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Rehfs

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Minnie Martini

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr J. Rehfs

(Address) 2438 Canton Ave

Filed 8/5 190 7

HARRY C. ANDERSON,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to — 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

— (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Charles Green M.D.

Address 419 Park Ave

Date Aug 4 1907

Place of Burial Mount Carmel

Date Aug 5th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 139 East Cross St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E Stevens

{ Residence, if in Baltimore, Give Street and Number. } 139 East Cross St.

Duration of Residence in Baltimore. 6 months. C.3411

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White

DATE OF BIRTH: April 13th. 1906

AGE: One years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): a a Co Maryland

FULL NAME OF FATHER: William Simmons Stevens

BIRTHPLACE OF FATHER (State or country): Berkley Co W Va.

MAIDEN NAME OF MOTHER: Florence Franklin Layton.

BIRTHPLACE OF MOTHER (State or country): Frederick Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Stevens

(Address) 139 East Cross St

Filed 8/5 1907

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 4th. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 4 1907 that I last saw h.. alive on Aug 4th 1907, and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Inanition

(DURATION) DAYS

(Signed) G. F. Buxton, M.D.

Address 177. East Cross St

Date August 4th 1907

Place of Burial Cedar Hill

Date Aug 6th 1907

Undertaker Jos. Steinbrecher

Address 1218 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 632 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Ruth Butterworth

{Residence, if in Baltimore, Give Street and Number.} 632 Dover "

Duration of Residence in Baltimore. Life time C 3412

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jany 29 1907

AGE: c years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: c

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Benjamin Butterworth

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sadie Dorsey

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: c

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Butterworth

(Address) 632 Dover st

Filed 8/5 1907

Registrar

DANIEL C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3 1907.

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug 3 1907

that I last saw her alive on Aug 3 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 1 DAYS

Con'tributory (Primary) Chronic Dr Failure

(DURATION) 7 DAYS

(Signed) Harry Boyd M.D.

Address 1e5 2 Columbia

Date Aug 3 - 07 1907

Place of Burial Western Cemetery

Date August 5 1907

Undertaker Jas. Joerdens, Son

Address 217 S. Pace st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3412 C 3412

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1115 Hanbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick A. L. Dreyer

{Residence, if in Baltimore, Give Street and Number.} 1115 Hanbert St

Duration of Residence in Baltimore. Life C 3412

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	April 23 1907
AGE	____ years, 3 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Fritz Dreyer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Rosa Roese
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fritz Dreyer (father)

(Address) 1115 Hanbert St

Filed Aug 5 1907 Registrar

BARRY C. [illegible] PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h alive on ____ 190,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Howard Grinhard M.D.

Address Same

Date August 4 1907

Place of Burial Cedar Hill

Date Aug 5 1907

Undertaker Jos. Stentebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ....

CERTIFICATE OF DEATH.

166 4

(Place of Death.) No. On Car, between Highlandtown & City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Injured at Avondale

Full Name Patrick Maguinness

{ Residence, if in Baltimore, Give Street and Number. } 878½ W. Lombard st

Duration of Residence in Baltimore. 25

C 3414

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Maguinness

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Callahan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Cadogan

(Address) 696 W. Mulberry st

Filed 8/5 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 3 - 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

accidentally struck by Electric Car

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Benj. D. Hartman M.D. Coroner

Address 1216 N. Caroline st

Date Aug 5 - 190 7

Place of Burial New Cathedral

Date Aug 6th 190 7

Undertaker M. Cadogan

Address 696 W. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 3415 Registered No. C 3415

CERTIFICATE OF DEATH.

C 3415 ✓ 91

(Place of Death.) No. 787 George St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M. Dosch

{Residence, if in Baltimore, Give Street and Number.} 787 George St. C. 3415

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 1st 1855

AGE: 52 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Dosch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Kolbein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E L J Kelton

(Address) 767 Forge

Filed 8/5 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3rd 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to August 3rd 1907 that I last saw h[im] alive on August 2nd 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis Ch.

(DURATION) 30 DAYS

Contributory (Primary) Exhaustion (DURATION) 7 DAYS

(Signed) Robt. Gilmour Jr. M.D.

Address 516 N. Fremont Ave.

Date August 3rd 1907

Place of Burial Western Cemetery

Date Aug 5th 1907

Undertaker W. Cadogan

Address 696 W. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

54

CERTIFICATE OF DEATH.

C 3416

Registered No. C 3416

City of Baltimore, (No. 1622 Harlem ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sorah Elizabeth Holmes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Nov. (Month) 6th (Day) 1838 (Year)

AGE: 68 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: ——— Pressau

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Sorah Smith

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Jno. M. Holmes

(Address) 1622 Harlem ave.

Filed Aug 8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1906 to August 2nd 1907 that I last saw her alive on August 2nd 1907, and that death occurred, on the date stated above, at 6-15 P. M. The CAUSE OF DEATH was as follows:

Pernicious Anaemia

11 mos (DURATION) DAYS

Contributory \ (DURATION) \ DAYS

(Signed) Eugene Douglass M. D.

Aug 2nd 1907 (Address) 820 W. North ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemet | DATE OF BURIAL: Aug 5, 1907

UNDERTAKER: E W Mitchell | ADDRESS: 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 3419 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 E. 23d St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillie Winston

{ Residence, if in Baltimore, Give Street and Number. } Born C.3419

Duration of Residence in Baltimore. about 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	— 1
AGE	35 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	John Parsons
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Emily Tarrey
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband Samuel Winston

(Address) 417-E-23 St-

Filed 8/5 1907 Registrar

MARY C. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4th 1907

I HEREBY CERTIFY, That I attended deceased from A.D. 190 Coroner 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure from an attack of acute Indigestion Diet on Lower-

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Schlatt M.D.

Address 211 N. Lemmon St Coroner

Date Aug 4th 1907

Place of Burial Laurel

Date August 7th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher White

{ Residence, if in Baltimore, Give Street and Number. } No C. H.

C. 3418

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 14th 1906

AGE: ..... years, 11 months 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: , ,

BIRTHPLACE OF FATHER (State or country): , ,

MAIDEN NAME OF MOTHER: , ,

BIRTHPLACE OF MOTHER (State or country): , ,

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stout

(Address) No C. H.

Filed 8/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Aug 3 1907 that I last saw h~~im~~ alive on Aug 3 1907, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Jliocolitis.

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Magruder M.D.

Address 922 Madison Ave

Date 190

Place of Burial Loudon Park

Date Aug 6 1907

Undertaker H. S. Blizzard & Co

Address 1119 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Martens

{Residence, if in Baltimore, Give Street and Number.} 1802 Eastern Ave

Duration of Residence in Baltimore. 17 Years C. 3419

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 10 1836

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: H Martens

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address) Lemar Hollyday, Supt.

Filed 8/5 1907

HARRY C. ANI... PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3. 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 27. 1906 to Aug 3. 1907 that I last saw him alive on Aug. 2. 1907, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis.

(DURATION) Unk DAYS

Con'tributory (Primary.) Senile Dementia

(DURATION) DAYS

(Signed) H M Cummings M.D.

Address Bay View Asylum

Date August 3. 1907

Place of Burial Trinity Cemetery

Date Aug 5 1907

Undertaker Robt J Kenny

Address 1442 N. Bway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 3420

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 329 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jeremiah Fitzpatrick

{Residence, if in Baltimore, Give Street and Number.} 329 S Paca St.

Duration of Residence in Baltimore. Life

C. 3420

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE ..... years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Patrick Fitzpatrick

BIRTHPLACE OF FATHER (State or country): N.Y.

MAIDEN NAME OF MOTHER: Dora McCall

BIRTHPLACE OF MOTHER (State or country): N.Y.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fields

(Address) 1210 W. Fayette

Filed 8/5 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to August 4 1907

that I last saw h[illegible] alive on Aug 4 1907

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea & Enteritis

(DURATION) 12 DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 1 DAY

(Signed) Jos. E. Wiese M.D.

Address 855 Columbia

Date August 5 1907

Place of Burial St Peters

Date Aug 6th 1907

Undertaker John D Fields

Address 1210 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3421

CERTIFICATE OF DEATH.

42

(Place of Death.) No. 510 First Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Spica

{ Residence, if in Baltimore, Give Street and Number. } 510 First Ave

C. 3421

Duration of Residence in Baltimore. 72 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 18 1839

AGE: 68 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: David Santmyer

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Susan Stokes

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asst Coroner

(Address) 516 First Ave

Filed 8/5 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from March 25 1907 to Aug 4 1907

that I last saw h er alive on July 6 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of the uterus metastasis

(DURATION) DAYS

Contributory (Primary.) — —

— — (DURATION) DAYS

(Signed) E. Miller Reese M.D.

Address 902 N. Fremont Ave

Date Aug. 5 1907

Place of Burial St Mary's H.

Date Aug 6 190

Undertaker A. S. Marshall

Address 3539 Gallow Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 3422 Registered No. B C 3422

CERTIFICATE OF DEATH.

(Place of Death.) No. 849 Bluefield Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. LeRoy Cooper

{ Residence, if in Baltimore, Give Street and Number. } 849 Bluefield Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 17 1907

AGE ..... years, ... months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER Jos. Cooper

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nellie Leard

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Cooper

(Address) 849 Bluefield Ave

Filed 8/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from July 17th 1907 to Aug 4 1907

that I last saw him alive on Aug 4th 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth - 7 mos

Mother - had eclampsia

Tetanus + Collapse (DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm H. Feddeman M.D.

Address 800 1st Ave

Date Aug 4 1907

Place of Burial St Mary's

Date Aug 1907

Undertaker A S Marshall

Address 3539 Falls Road

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1409 Poressman St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hardell Tolson

{ Residence, if in Baltimore, Give Street and Number. } 1409 Poressman St.

Duration of Residence in Baltimore. Life

c. 3 D 37

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colord

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Vigas Tolson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mattie Hallam

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vigas Tolson

(Address) 1407 Poressman st

Filed 8 5 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5. 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Aug 5 1907

that I last saw h im alive on Aug 4 1907,

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Insanition

(DURATION) 2 DAYS

Contributory (Primary) Dentition

(DURATION) DAYS

(Signed) George C Shannon M.D.

Address 1442 Poressman ST

Date Baltimore Aug 5 1907

Place of Burial Cat auburn Cents

Date aug 6 1907

Undertaker Wm J Johnson

Address 616 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 1545 Newington Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Barnes Brooks

{ Residence, if in Baltimore, Give Street and Number. } 1545 Newington Place

Duration of Residence in Baltimore. Life

C.342K

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Sept 22 1896

AGE 10 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Harry Brooks

BIRTHPLACE OF FATHER (State or country) Port Deposit

MAIDEN NAME OF MOTHER Elsie Berthold

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elsie Brooks

(Address) 1545 Newington Pl

Filed 8/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 3. 1907

that I last saw him alive on Aug 3 1907

and that death occurred, on the date stated above, at 11:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) DAYS

(Signed) George C. Shannon M.D.

Address 1442 Presstman St

Date Aug 3. 1907

Place of Burial St Peters Cemetery

Date August 5th 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3425

City of Baltimore, (No. 2642 York Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kate Keel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Samuel Ruff.

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Savina adams

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo A Keel

(Address) 2642 York Road

Filed ..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Aug 3 1907 that I last saw h[er] alive on Aug 3 1907, and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Nephritis mitral insufficiency
Hypostatic pneumonia
Jan 13-07.

(DURATION) 22 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Wm Geddes M.D.

Aug 3 1907 (Address) 2631 YORK

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park.

DATE OF BURIAL: aug 6 1907

UNDERTAKER: Wm. Cook

ADDRESS: 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 ... Registered No. B ... 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 310 E Fort av St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Acinda A. Robson

{Residence, if in Baltimore, Give Street and Number.} 612 E Fort av

Duration of Residence in Baltimore. 40 Years

C.3426

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sep. 10 1842

AGE 64 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Richmond Va

FULL NAME OF FATHER Allen Nunnally

BIRTHPLACE OF FATHER (State or country) Richmond Va

MAIDEN NAME OF MOTHER Maria Blankenship

BIRTHPLACE OF MOTHER (State or country) Richmond Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gordon Bradnax

(Address) 612 E Fort av

Filed 8/5 1907

HARRY C. ANDERSON
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 3 1907

that I last saw h[illegible] alive on Aug 2 1907

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) 1 DAYS

Contributory (Primary) Mitral regurgitation

(DURATION) 2 DAYS

(Signed) George L. Deane M.D.

Address 57 N Eutaw St

Date Aug 3rd 1907

Place of Burial Western Cemetery

Date August 5 1907

Undertaker Edward I Fanning

Address 1460 Bailey Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

C 3427

CERTIFICATE OF DEATH.

130

(Place of Death.) No. Saint Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Prigg.

{Residence, if in Baltimore, Give Street and Number.} Belair Maryland.

C. 3427

Duration of Residence in Baltimore. _____

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: 1872

AGE: 35 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Dean

(Address) Belair Md.

Filed 8/5 1907

HARRY C. ANDR[illegible]
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Aug 4 1907

that I last saw h[illegible] alive on Aug 4 1907

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia from Carcinoma

(DURATION) DAYS

Con'tributory (Primary.) Pelvic Abscess.

(DURATION) DAYS

(Signed) Victor F. Dillon M.D.

Address St Josephs Hospital

Date Aug 4 1907

Place of Burial Belair Md

Date August 6th 1907

Undertaker Wm B Crothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 3428

(Place of Death.) No. 2832 Elliot St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catie Yaskunyas St.

{Residence, if in Baltimore, Give Street and Number.} 2832 Elliot St

Duration of Residence in Baltimore. Life

C. 3428

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F.	W.

DATE OF BIRTH Dec 9 1906

AGE ..... years, 9 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William Yaskunyas

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Veronica Puladeski

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wenceslaus Kowiak

(Address)

Filed 8/5 1907

HARRY O. ... PERRY, CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Aug 3 1907

that I last saw h.. alive on Aug 3 1907,

and that death occurred, on the date stated above, at 12:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Bronchitis and Enteritis (DURATION) 30 DAYS

(Signed) Victor Clemens M.D.

Address 1104 Chesapeake St

Date Aug 5 1907

Place of Burial St. Mary's Cem

Date Aug 6 1907

Undertaker Wendell Lippe & Bro

Address 390 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1115 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ferdinand Charles Rossmarck

{ Residence, if in Baltimore, Give Street and Number. } No 1115 Riggs ave

Duration of Residence in Baltimore, since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 14th 1907

AGE: ..... years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: George F Rossmarck

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sallie Earley

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred C Rossmarck

(Address) No 6 S Mount St

Filed 8/8 1907

BARRY C. ... PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 20th 1907 to Aug 5 1907

that I last saw him alive on Aug 4th 1907,

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 15 DAYS

Contributory (Primary) Exhaustion

(DURATION) / DAYS

(Signed) Thomas J Talbott M.D.

Address 1701 Eutaw Place

Date Aug 5th 1907

Place of Burial Lorraine Cemetery

Date Aug. 5th 1907

Undertaker Philip Gerwald & Son

Address 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3430

City of Baltimore, (No. 436 S. Pulaski St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Palaroff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 14 (Day) 1907 (Year)

AGE: Three ~~years~~, 3 months, And 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Benjeman Palaroff.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rosa Balairitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Rozpen

(Address) 423 S Pulaski

Filed 8/5" 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 4, (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from July 25, 1907 to August 1 1907.

that I last saw him alive on August 1 1907.,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Diarrhea and Enteritis

Five weeks (DURATION) DAYS

Contributory Exhaustion.

Four weeks (DURATION) DAYS

(Signed) L. H. Ephraim M. D.

Aug. 5, 1907 (Address) 218 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Jews Cemetery Washington Road — DATE OF BURIAL: Aug 5 1907

UNDERTAKER: C. F. McCormick — ADDRESS: 1729 W Lombard St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 1203 E. Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John T Donohue

{Residence, if in Baltimore, Give Street and Number.} 1203 E. Monument St

Duration of Residence in Baltimore. 45 Years. C 3431

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 65 years, ... months, ... days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): "	
MAIDEN NAME OF MOTHER: "	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Hat Manufacter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry J Donnelly

(Address) 1429 Holbrook St

Filed Aug 5 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 4th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2d 1907 to Aug 4th 1907

that I last saw him alive on Aug 3 1907.

and that death occurred, on the date stated above, at 630 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum.

(DURATION) 2 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Eric A O'Donnell M.D.

Address 208 Cumberland

Date Aug 4th 1907

Place of Burial Holy Cross Cemetery

Date July 6th 1907

Undertaker Henry Hoerle & Son

Address Central Ave & Eagan St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, color, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

91

CERTIFICATE OF DEATH.

(Place of Death.) No. Georga Jacob Kraus St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name 126 Harford Ave

{Residence, if in Baltimore, Give Street and Number.} 126 Harford Ave

Duration of Residence in Baltimore. Life C.3432

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 28 1884

AGE 23 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER George Kraus

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Susanna Frederick

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Beer Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Katherine Kraus

(Address) 126 Harford Road

Filed

..... 190..7

Registrar

HARRY O. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 190.7 to Aug 3 190.7

that I last saw him alive on Aug 2 190.7,

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dyspnoea

(DURATION) — DAYS.

Contributory (Primary) Bronchitis

(DURATION) 7 days

(Signed) Augustus Thom M.D.

Address 25 St Paul St

Date Baltimore Aug 3 1907

Place of Burial Baltimore Cemetery

Date Aug 5 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

V 105

C. 3423

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. #1935 E. Biddle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Heinemann

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May (Month) 6th (Day) 1907 (Year)

AGE — years, 2 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER August A. Heinemann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Maria Fatch

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aug. Heinemann

(Address) 1935 E. Biddle St

Filed ..... 190 7 PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 190 7 to Aug 4th 190 7

that I last saw her alive on Aug 4th 190 7

and that death occurred, on the date stated above, at 5.15 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) John Doyle M. D.

Aug 4th 190 7 (Address) 936 E Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Holy Redeemer Cemetery | DATE OF BURIAL Aug 6 190 7

UNDERTAKER Henry Hoeckel Sons | ADDRESS 20 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. C 3434

Registered No. B

City of Baltimore, (No. 1103 N Eden St St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura Alverta Frazier

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 1st. (Month) 1 (Day) 1907 (Year)

AGE ..... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER William Frazier

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Marie Frazier

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Frazier

(Address) 378 Forrest st

Filed Aug 5 1907 Registrar

HARRY M. LINDRAL PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1. 1907 to Aug 5 1907 that I last saw her alive on Aug 5 1907, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Cholera infantum

(DURATION) 5 DAYS

Contributory Hot weather

(DURATION) ..... DAYS

(Signed) E. L. Peterson M. D.

Aug 5 1907 (Address) 1103 Eden st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery Baltimore

DATE OF BURIAL Aug 5 1907

UNDERTAKER Henry Hook & Son

ADDRESS —

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH 13435

(*Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Taylor

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: B

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Portsmouth Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31st 1907

I HEREBY CERTIFY, That I attended deceased from May 26th 1907 to July 31st 1907

that I last saw h[illegible] alive on July 31st 1907

and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Nonnis M.D.

Address Bay View Hospital

Date Aug. 1st 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 2 - 1907 190

Undertaker William H Woodes

Address 1810 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3436

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernst Buttenkamp

C. 3436

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/5" 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to Aug 1 1907 that I last saw h alive on Aug 1 1907, and that death occurred, on the date stated above, at 8.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) R Ross M.D.

Address Bay View Hosp.

Date Aug 2 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date AUG 3 - 1907 190

Undertaker William H Woodall

Address 1812 Aiken A

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

4

CERTIFICATE OF DEATH.

36

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest Braxton

C. 3431

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/5 190 Registrar

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2. 1907

I HEREBY CERTIFY, That I attended deceased from April 27. 1907 to Aug. 2. 1907 that I last saw him alive on Aug. 2. 1907, and that death occurred, on the date stated above, at 11.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Syphilitic Meningitis

(DURATION) 2 Wks

Con'tributory (Primary.) Syphilis

(DURATION) 6 mos.

(Signed) J M Dunnaby M.D.

Address Bay View Asylum

Date August 2. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 3 - 1907 190

Undertaker William H Woodcock

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

8/6

CERTIFICATE OF DEATH.

15

(Place of Death.) No. Foot of Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} " "

C. 3438

Duration of Residence in Baltimore. " "

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Aug 7 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 S Gruney St.

Date 190

Place of Burial PUBLIC CEMETERY.

Date AUG 3 - 1907 190

Undertaker Commissioner Health,

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

8 1-0

CERTIFICATE OF DEATH.

C 3439 179

(Place of Death.) No. Nursery & Childs Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harold Griffin

{Residence, if in Baltimore, Give Street and Number.} No C. Hospital. C. 3439

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 14 1906

AGE ..... years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. R. Stout

(Address) No C. Hosp.

Filed 8/5" 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 3rd 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Aug 2 1907 that I last saw h.. alive on Aug 1 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 2 mos

Contributory (Primary.)

(DURATION) 40 DAYS

(Signed) W. Edw. Magruder M.D.

Address 922 Madison Ave

Date ..... 190....

Place of Burial PUBLIC CEMETERY

Date AUG 3 - 1907 190....

Undertaker Commissioner Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

18

C 3440

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1370 W. Northone St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Adelaide Block

{Residence, if in Baltimore, Give Street and Number.} 1370 W Northone

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Sept 1 1905
AGE	1 years, 11 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Harry R Block
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Florence M Levak
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr F Block

(Address) 1820 N North Ave

Filed 8/5 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Aug 4 1907 that I last saw h[illegible] alive on Aug 4 1907 and that death occurred, on the date stated above, at 720 P M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

&

Bronchitis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J A Melvin M.D.

Address 1302 W Northone

Date Aug 5 1907

Place of Burial Greenmount

Date Aug 6 1907

Undertaker Josiah Deaver

Address 1600 N Northone

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

69

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William I. Miller

{ Residence, if in Baltimore, Give Street and Number. } 2305 E. Madison St

C 2441

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM.

(Informant) Lamar Hollyday, Supt.

(Address)

Filed 8/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2. 1907

I HEREBY CERTIFY, That I attended deceased from Oct. 3 1906 to Aug. 2. 1907 that I last saw him alive on Aug. 2. 1907 and that death occurred, on the date stated above, at 1.33 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Status Epilepticus

(DURATION) 2 DAYS

Con'tributory (Primary.) Epilepsy

(DURATION) unk DAYS

(Signed) Wm. Timmons Lee M.D.

Address Bay View Asylum

Date August 2. 1907

Place of Burial Holy Redeemer

Date Aug 6 1907

Undertaker Wm. F. Schaeffer

Address 8 S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3442

CERTIFICATE OF DEATH.

(Place of Death.) No. 1045 S. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Martin

{ Residence, if in Baltimore, Give Street and Number. } 1045 S. Howard St Balto Md

Duration of Residence in Baltimore. 9 months + C 3442

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. md

FULL NAME OF FATHER: Spencer Hackl

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Carrie Martin

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Martin

(Address) 1045 S. Howard

Filed 8/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 3d 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 31 1907 that I last saw her alive on July 31 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Et haustion

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia

(Inanition) (DURATION) 10 DAYS

(Signed) E. Judson Miller M.D.

Address 229 W. Balto St

Date August 4 1907

Place of Burial Mt Zion

Date Aug 5 1907

Undertaker Jno A. Bradshaw

Address 142 West Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 3443

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 842 W Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie L Pfeifer

{Residence, if in Baltimore, Give Street and Number.} 842 W Baltimore Md

Duration of Residence in Baltimore. Life

C 3443

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~August 14~~ April 12 1907

AGE: ..... years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: August Pfeifer

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Nellie Hetrick

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aug F Pfeifer

(Address) 84- Baltimore Md

Filed 8/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Aug 4 1907 that I last saw h[illegible] alive on Aug 4 1907 and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 1 DAY

Con'tributory (Primary.) Toxemia

(DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 865 Columbia Av

Date Aug 5 1907

Place of Burial Mt. Olivet Cem.

Date Aug. 5 1907

Undertaker Ph. J. Dell & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J. McCullough

{Residence, if in Baltimore, Give Street and Number.} 1014 Clifton Place

Duration of Residence in Baltimore. Life

C 2444

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH Feb 24th 1869

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thos McCullough

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Goldrick

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. J. McCullough

(Address) 2932 York Road

Filed 8/15

1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to Aug 4 1907

that I last saw him alive on Aug 4 1907

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

5 Hours [redacted] (DURATION) ~~DAYS~~

Con'tributory (Primary.) Uraemia

(DURATION) 3/ DAYS

(Signed) Eugene L. Lungren M.D.

Address St Joseph's Hospital

Date August 4 1907

Place of Burial St Agnes Irvington

Date Aug 5th 1907

Undertaker E. A. Weidefeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

6

(Place of Death.) No. 920 N. Chappel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Histand

{ Residence, if in Baltimore, Give Street and Number. } 920 N Chappel St

C. 3445

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	Colored
DATE OF BIRTH	— 1 —
AGE	1 years, 3 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Samuel Histand
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Carrie Young
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Histand

(Address) 920 N Chapel St

Filed 8/7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5, 1907

I HEREBY CERTIFY, That I attended deceased from August 2, 1907 to August 5 1907

that I last saw h alive on August 4 1907,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate.)

Measles

(DURATION) 5 DAYS

Contributory (Primary.) Broncho-pneumonia

(DURATION) 2 DAYS

(Signed) G. L. Levy M.D.

Address 733 N. Caspelich St

Date August 5 1907

Place of Burial Laurel

Date August 6th 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

154

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Jessie & Alice Barnes.

{ Residence, if in Baltimore, Give Street and Number. } 501 Bradford st

C. 3446

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Bl.

DATE OF BIRTH June 29. 1907

AGE ..... years, ... months, 37 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sgle.

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Jessie E. Barnes.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Alice Mintz

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie E Barnes

(Address) 501 Bradford st

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4. 1907

I HEREBY CERTIFY, That I attended deceased from July 12. 1907 to Aug 4. 1907

that I last saw h.. alive on Aug 4. 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Marasmus.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. C. Goldsmith M.D.

Address Johns Hopkins Hospital

Date Aug 5 07. 190..

Place of Burial Laurel Cemetery

Date August 6 1907

Undertaker R. A. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 3447 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 A Central Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Mouldo

{Residence, if in Baltimore, Give Street and Number.} 409 A Central ave

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Trenton N. J.

FULL NAME OF FATHER: John Mouldo

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Mouldo

(Address) 409 A Central ave,

Filed ..... 190 .....

..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 3 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to May 3 1907

that I last saw h alive on May 3 1907

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's

(DURATION) 5 mos DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J Mountain M.D.

Address 16 S Broadway

Date May 4 1907

Place of Burial St. Vincents Cemetery

Date aug 6 1907

Undertaker Wm Cook

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3448

City of Baltimore, (No. 1264 Columbia Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Velma Catharine Melville Burttner

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 14 1907
(Month) (Day) (Year)

AGE — years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Fredrick M. Burttner

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Alma M. Simms.

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. M. Burttner

(Address) 1264 Columbia Ave

Filed 8/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 4 1907.

That I last saw h[illegible] alive on July 3 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 7 DAYS

Contributory Dentition

(DURATION) 7 DAYS

(Signed) G. W. Slater M. D.

Aug. 5 1907 (Address) 1703 W. Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Redeemer | DATE OF BURIAL Aug 6 1907

UNDERTAKER Wm Cook | ADDRESS 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B

CERTIFICATE OF DEATH. C 3449

(Place of Death.) No. 506 Robert St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Clarence Fleming

{ Residence, if in Baltimore, Give Street and Number. } 506 Robert St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Afri-Am

DATE OF BIRTH: June 5th 1907

AGE: ..... years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto. City.

FULL NAME OF FATHER: George Fleming

BIRTHPLACE OF FATHER (State or country): Balto City Md

MAIDEN NAME OF MOTHER: Sarah Johnson

BIRTHPLACE OF MOTHER (State or country): Sandy Spring Montgy Co Md

OCCUPATION OF DECEASED: //

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel R. Chase

(Address) 1011 Calhoun St

Filed 8/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 5th 1907

I HEREBY CERTIFY, That I attended deceased from August 1st 1907 to August 5th 1907

that I last saw h— alive on August 5th 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Stomach

(DURATION) 3 DAYS

Contributory (Primary.) Heart

(DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Madison Ave

Date August 6th 1907

Place of Burial Laurel

Date August 6th 1907

Undertaker S. W. Chase

Address N. 1011 Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 1642

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital Loudon & Madison St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Nathan Conner Hathaw Conner

{Residence, if in Baltimore, Give Street and Number.} Carroll co also There

Duration of Residence in Baltimore. 4 days C 3450

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	1833
AGE	74 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Carroll Co. Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Carroll Co Md,
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. McLean

(Address) Md Genl Hospl.

Filed 8/5" 1907

EARLY C. ANDERSON PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4th 19

I HEREBY CERTIFY, That I attended deceased

July 31 1907 to Aug 4 19

that I last saw h in alive on Aug 4 1907

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immed

Cardiac Lesions

(compound fractures Lower L accidentally received)

(DURATION)

Contributory (Primary.) Hypostatic Pneu

following Lacerations (DURATION) 4d

(Signed) J. W. McLean

Address Md. Genl Hospl

Date Aug 5th 1907

Place of Burial New Windsor Carr Co Md

Date Aug 5th 1907

Undertaker Wm. H. Hawthorn

Address 901 W Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ... C 3431

CERTIFICATE OF DEATH.

C 3431 27

(Place of Death.) No. 547 N. Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Tobias L. Minor

{Residence, if in Baltimore, Give Street and Number.} 547 N. Mosher St.

Duration of Residence in Baltimore. 20 yrs. Brooklyn - The last years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ——— 1

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Seth Minor

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa Robinson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Seth Minor

(Address) 547 Mosher St.

Filed 8/6" 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 4th 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Aug. 4th 1907

that I last saw h... alive on Aug. 4th 1907

and that death occurred, on the date stated above, at ... A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

——— (DURATION) — DAYS

Contributory (Primary) Ac. Pulmonary Tuberculosis (DURATION) 5 mos. DAYS

(Signed) Wm. J. Carr, Jr. M.D.

Address 515 N. Mosher St.

Date Aug. 4th 1907

Place of Burial Laurel

Date August 6 1907

Undertaker P. A. Elliott

Address 501 Rogan Ave

P.D. The disease was contracted in St. Y. Patient was isolated July 26.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1461 Columbia ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Eva Beckhandt

{Residence, if in Baltimore, Give Street and Number.} 1461 Columbia ave

Duration of Residence in Baltimore. Life

C. 3452

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 2 1907
AGE	— years, 4 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Joseph Beckhart
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Lelley Smith
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Beckhart

(Address) 1451 Columbia Ave

Filed 8/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to Aug 4 1907 that I last saw her alive on Aug 4 1907 and that death occurred, on the date stated above, at 1:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Drowning Entiendo

(DURATION) 7 DAYS

Con'ributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia Ave

Date Aug 5 1907

Place of Burial Mt Olivet

Date Aug 6 190

Undertaker Jos B Cook

Address 1003 Madison

WM. J. C. DULANY CO., BALTIMORE.

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 Wyeth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edmond A. Bowden

{Residence, if in Baltimore, Give Street and Number.} 602 Wyeth Ave.

Duration of Residence in Baltimore. Life

P. 3453

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 9 1907

AGE ____ years, 6 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Jos Bowden

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Annie Knauth

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Bowden

(Address) 602 Wyeth Ave.

Filed 8/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 4 1907 that I last saw him alive on Aug 4 1907 and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 1 DAY

Con'tributory (Primary.) Spasms

1 hour (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 833 Columbia Ave

Date August 5 1907

Place of Burial London Park Cemetery

Date Aug 6th 1907

Undertaker Jno Lewis Cook & Son

Address Cor W Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward VI C 3434 Registered No. [illegible]

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robert Fripp

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

C 3434

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk.

DATE OF BIRTH: Sept 24 1906

AGE: — years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 8/6 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Aug 4 1907 that I last saw h[illegible] alive on Aug 4 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-enteritis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Aug. 4 1907

Place of Burial New Cathedral Cemetery

Date Aug 6 1907

Undertaker Felix B. Pyle

Address 121 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. C 3455

CERTIFICATE OF DEATH.

105

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Thaiker

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

C. 3455

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mul.

DATE OF BIRTH: Oct. 16 1906

AGE: — years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 205 Madison Ave.

Filed 8/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 4 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to Aug 4 1907

that I last saw h... alive on Aug 3 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-enteritis

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 205 Madison Ave.

Date Aug 4 1907

Place of Burial Mt Pleasant Cemetery

Date Aug 6 1907

Undertaker Felix B. Pyr

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1207 Foster Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dixson

{ Residence, if in Baltimore, Give Street and Number. } 1207 Foster st

Duration of Residence in Baltimore. Twenty years 3456

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH	1875
AGE 32 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Robert Alexis
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Dixson

(Address) 1207 Foster St

Filed 8/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Aug 4 1907

that I last saw her alive on Aug 4th 1907,

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) D. Garthoit M.D.

Address 354 N. Bradford st

Date Aug 5th 1907

Place of Burial Mt Auburn Cemetery

Date Aug 7 1907

Undertaker Felix B. Pyle

Address 402 E Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3457

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mickens

{ Residence, if in Baltimore, Give Street and Number. } 116 W. Biddle St

C 3457

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1883

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed ..... 190.. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 4th 1907

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to Aug 4 1907

that I last saw h.. alive on Aug 4 1907,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ex haustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Aug 4 1907

Place of Burial Lancaster Co Va White Stone Wharf

Date Aug 6 1907

Undertaker Felix B. Pyle

Address 1025 E. Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B ..... C 3458

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 830 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wojciech Kaminski

{Residence, if in Baltimore, Give Street and Number.} 830 S Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: May 1905

AGE: 1 years, 7 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wojciech Kaminski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Josefa Kaminska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wojciech Kaminski

(Address) 830 S. Bond St

Filed ..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 4 1907

that I last saw h.. alive on Aug 4 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

acute Meningitis

(DURATION) 7 DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) ..... M.D.

Address 16 S Broadway

Date 190 7

Place of Burial: Holy Rosary

Date: Aug. 6 1907

Undertaker: Joseph Zborowski

Address: 1742 Canton ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

791

(Place of Death.) No. 1325 N Fulton Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen M Hanson

{Residence, if in Baltimore, Give Street and Number.} 1325 N Fulton Av

Duration of Residence in Baltimore. Life

C.345

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 15 1860

AGE 47 years, — months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Leonard Hartzell

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Mary Ann Baldwin

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward H. Hanson Husband

(Address) 1325 N Fulton Av

Filed 8/6 1907 HARRY G. ARMSTRONG PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 a 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 a 1907 to Aug 5 a 1907

that I last saw h[illegible] alive on Aug 4 1907.

and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Morton M.D.

Address 638 N Gilmor

Date Aug 5 a 1907

Place of Burial Cathedral Cemetery

Date August 8, 1907

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles Y. Cannon

{ Residence, if in Baltimore, Give Street and Number: }

Duration of Residence in Baltimore. Life

C. 3460

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 8/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to Aug 4 1907

that I last saw him alive on Aug 4 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hospl.

Date Aug 5 1907

Place of Burial Sacred Heart

Date Aug 6 1907

Undertaker Evans & Spence

Address 118 & 120 N. Mt Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 - East 23 St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Jenenh

{Residence, if in Baltimore, Give Street and Number.} 420 - East 23 St

Duration of Residence in Baltimore. Life-time

C.3461

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH December 1 1906

AGE ..... years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charley Gray

BIRTHPLACE OF FATHER (State or country) [illegible] Ga

MAIDEN NAME OF MOTHER Elizia Geen

BIRTHPLACE OF MOTHER (State or country) Ga

OCCUPATION OF DECEASED Iron

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Mother

(Address) 1120 Est. 23. St

Filed 8/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to Aug 5 1907

that I last saw him alive on Aug 5 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt G. Schmidt M.D.

Address 424 - East 23 St

Date Aug. 6 1907

Place of Burial Laurel Cemetary

Date Aug 7th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1049 ½ Charles St St. 1

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Smidt

{Residence, if in Baltimore, Give Street and Number.} 1049 ½ Charles St

Duration of Residence in Baltimore. 25 Yrs.

C. 3467

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 22 1830

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Schmidt (Daughter

(Address) 1049 ½ Charles St.

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3rd 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to Aug 3 1907

that I last saw h[er] alive on Aug 2 1907

and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dyspnoea

(DURATION) 7 DAYS

Contributory (Primary.)

Old age (DURATION) 7 DAYS

(Signed) Wm. Stone M.D.

Address 40 E. 25th St

Date August 5th 1907

Place of Burial Balto. Cemetery

Date August 6 1907

Undertaker David and Margaret G. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3463

CERTIFICATE OF DEATH.

C 3463

(Place of Death.) No. 814 W Lexington St.

(If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Susie Lewis

{ Residence, if in Baltimore, Give Street and Number. } 814 W Lexington

Duration of Residence in Baltimore. Life

C. 3463

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George W Cooper

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E Parker

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Lewis

(Address) 814 W Lexington

Filed ..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4th 190 7

I HEREBY CERTIFY, That I attended deceased from May 1st 190 7 to Aug 4th 190 7

that I last saw h[er] alive on Aug 3rd 190 7

and that death occurred, on the date stated above, at 2 00 P. M.

CAUSE OF DEATH (Secondary or Immediate

Convulsions of Asthenia.

(DURATION) ..... DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) ..... DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Aug 5th 190 7

Place of Burial Laurel Cemetery

Date August 6. 190 7

Undertaker R K Elliott

Address 536 Royer St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8/6/7

C 3464
105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2225 Mary Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H Devine

{ Residence, if in Baltimore, Give Street and Number. } 2225 Mary Ann

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 20. 1907

AGE ..... years, 3 months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank J. Devine

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bertha L. Bergner

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha L. Devine

(Address) 2225 Maryanna St

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 5 1907

that I last saw h[illegible] alive on Aug 5 1907

and that death occurred, on the date stated above, at 6.45 p.m. CAUSE OF DEATH (Secondary or Immediate)

Infantile Indigestion

Enteritis (Marasmus)

(DURATION) 4 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) W B Burch M.D.

Address 828 N. Carrollton Ave

Date Aug 5 1907

Place of Burial Western Cemetery

Date August 6th 1907

Undertaker C W Gill

Address 810 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 3465

Registered No. B 105v

CERTIFICATE OF DEATH.

(Place of Death.) No. 512 S. Milton Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Grasser

{Residence, if in Baltimore, Give Street and Number.} 512 S. Milton Ave

Duration of Residence in Baltimore, Life

C. 3465

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 21 1907

AGE: ____ years, 5 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank Grasser

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Birner

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr F. Grasser

(Address) 512 S. Milton Ave

Filed 190

Registrar

96 7

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 5 1907

that I last saw him alive on Aug 5 1907

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 3 DAYS

Contributory (Primary) Exhaustion (DURATION) ____ DAYS

(Signed) O. L. Long M.D.

Address 2429 Eutaw Ave

Date Aug 6 1907

Place of Burial Trinity Cem

Date Aug 7 96 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1815 Corner & Lane St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Phillip Leroy Pereley

{ Residence, if in Baltimore, Give Street and Number. } 1815 Corner & Lane St

Duration of Residence in Baltimore.

C. 3464

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 10th 1907

AGE: ~~1~~ years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel D. Birely

BIRTHPLACE OF FATHER (State or country): Frederick County

MAIDEN NAME OF MOTHER: Annie A. Eyder

BIRTHPLACE OF MOTHER (State or country): Frederick County

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel D. Birely

(Address) 1815 Covington St.

Filed 8/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 4th 1907

I HEREBY CERTIFY, That I attended deceased from July 8, 1907 to Aug 3. 1907

that I last saw h[illegible] alive on Aug 3 1907,

and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate)

Ephemeræ

(DURATION) 26 DAYS

Contributory (Primary.) Gastritis

(DURATION) 2 DAYS

(Signed) C. Eckenbrack M.D.

Address 1412 Light St

Date Aug 4th 1907

Place of Burial Cedar Hill Cem

Date Aug 6 1907

Undertaker John J. Fahey

Address 1232 Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 3467 Registered No. B C 3467

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Carter

{Residence, if in Baltimore, Give Street and Number.} 1327 Ramsey St.

Duration of Residence in Baltimore. Twenty-three years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 20 1883

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Carter

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Herdrich

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Brakmann

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knull

(Address) 917 Columbia Ave

Filed 8/Aug 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4th 1907

I HEREBY CERTIFY, That I attended deceased from July 29th 1907 to Aug 4th 1907

that I last saw h alive on Aug 1st 1907

and that death occurred, on the date stated above, at 9.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ulcer Ac. gangrenous appendix Secondary Peritonitis

(DURATION) ... DAYS

Contributory (Primary) Gangrenous appendicitis (DURATION) 6 DAYS

(Signed) Grumpler M.D.

Address 517 Scott St.

Date Aug. 4th 1907

Place of Burial Holy Cross Cemetery Anne Randall Co

Date Aug 8th 1907

Undertaker A Knull & Son

Address 807 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3468 Registered No. B C 3468

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ahrendt Rutchkowske

{Residence, if in Baltimore, Give Street and Number.} # 616 S. Bond St.

Duration of Residence in Baltimore. Life-time C. 3468

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 5 1907

AGE: ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Marcin Rozuszek

BIRTHPLACE OF FATHER (State or country): Poland.

MAIDEN NAME OF MOTHER: Mary. Russ Kolg

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rutkolg

(Address) 616 S. Bond St

Filed 8/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 31, 1907 to Aug 5 1907 that I last saw him alive on aug 5 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Life-time (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Johnst Rehberger M.D.

Address #1709 Alice Ann St.

Date Aug. 6th 1907

Place of Burial Holy Rosary

Date ~~July~~ Aug. 6 1907

Undertaker Jacob Fialkowski

Address 428. S. Bond. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5

CERTIFICATE OF DEATH. C 3469

(Place of Death.) No. 1443 Hard street St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Infant of Susie Springs

{ Residence, if in Baltimore, Give Street and Number. } 1443 Hard st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 8.30 A.M. Aug 2 1907

AGE: ....years, ...months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Infant.

FULL NAME OF FATHER: Chas Springs

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Susie Thornton

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 AM Aug 3 1907

I HEREBY CERTIFY, That I attended deceased from Birth 190.. to Aug 3 1907

that I last saw h[illegible] alive on Aug 2 1907,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

Contributory (Primary.) ..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) J. Herbert Bates M.D.

Address 622 W. Lombard St.

Date August 3 1907

Place of Burial COLLEGE OF P. & S.

Date AUG 5 - 1907

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward.....

C 3470

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Brick

C. 3470

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: ..... 1.....

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM.

(Informant) .....

(Address) .....

Filed ..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 5 1907

I HEREBY CERTIFY, That I attended deceased from March 5 1907 to Aug 5 1907

that I last saw him alive on Aug 5 1907,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis

Hemiplegia

(DURATION) ..... DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) ..... DAYS

(Signed) R R Vonino M.D.

Address Bay View Asylum

Date Aug 5 1907

Place of Burial: JOHNS HOPKINS HOSPITAL

Date: AUG 5 - 1907 190.....

Undertaker: William H. Woodus

Address: 1810 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1907

Ward 12 C 3471 Registered No. B C 3471

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Scott

{Residence, if in Baltimore, Give Street and Number.} 547 Mulberry St.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 60 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/16 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 2 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to Aug 2 1907

that I last saw h alive on Aug 2 1907

and that death occurred, on the date stated above, at 3 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S S Strouse M.D.

Address Johns Hopkins Hosp

Date Aug 5 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Aug 5 1907

Commissioner Health.

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

1907

Ward P

Registered No. B C.3402 05V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1430 Mount St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Irene Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1430 Mount St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col'd

DATE OF BIRTH Feb 25 1907

AGE ..... years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Johnson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Annie Johnson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Worden

(Address) 1430 Mount St

Filed ..... 190 ..... Registrar

8/6 07

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Aug 5 1907

that I last saw her alive on Aug 5 1907

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 3 DAYS

Contributory (Primary.) Insanity

(DURATION) DAYS

(Signed) T E Daugherty M.D.

Address 2526 Penna Ave

Date Aug 5 1907

Place of Burial [redacted] Cemetery

Date [redacted] Aug 6th 1907

Undertaker J. C. Bishop

Address 1107 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and date of death**, and the **cause and date of death**, **condition** (whether married or single) of the person deceased, and the

Ward 6 C 3473 Registered No. B C 3473

CERTIFICATE OF DEATH.

C. 3473 59

(Place of Death.) No. St Jacobs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Stacy

{ Residence, if in Baltimore, Give Street and Number. } 1736 E. Pleasant

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec 15 1862

AGE 44 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Asking

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mc Kay

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ben N Stacy

(Address) 1736 E Oldtown

Filed Aug 6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5th 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 P M.

CAUSE OF DEATH (Secondary or Immediate)

Syncope from Hemorrhage following Pistol Shot in Thorax on July 6th, Self inflicted.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lefebvre M.D.

Address 211 W. Lanvale

Date Aug 5th 1907

Place of Burial Loudon Park

Date Aug 7 1907

Undertaker Robt J Lumsden

Address 1742 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 3478 Registered No. B C 3474

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ellen Sheckles

{Residence, if in Baltimore, Give Street and Number.} ~~Unknown~~ 1003 Clifton Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Florida Smith

(Address) 1003 Clifton Place

Filed 8/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Aug 5 1907

that I last saw h alive on Aug 5 1907,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Exhaustion~~ Pneumonia

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Lobar Pneumonia

(Chronic interstitial nephritis) (DURATION) 6 DAYS

(Signed) H G Beck M.D.

Address 214 E Preston

Date Aug 6 th 1907

Place of Burial Mt Olivet Cem

Date Aug 8 1907

Undertaker Wm Cook

Address 622 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. BC 3475

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Welzelberger

{Residence, if in Baltimore, Give Street and Number.} 221 N Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 12 1873

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Mc. Dougall

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Eliza Selles

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. A. Welzelberger

(Address) 221 N. Washington

Filed 8/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 4 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to aug 4 1907

that I last saw her alive on aug 4 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

(DURATION) 24 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) J C Blades M.D.

Address 1143 N Bway

Date Aug 5 1907

Place of Burial Holy Redeemer

Date Aug. 7 1907

Undertaker Jos. J. Myers

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 N Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William A. Hess

{Residence, if in Baltimore, Give Street and Number.} 124 N Madeira St - C.3476

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 26 1907

AGE ..... years, ... months, 11 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Hess

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Barbara Spann

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hess

(Address) 124 N. Madeira st.

Filed 8/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 5 1907 that I last saw him alive on Aug 3 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J T Spickmall M.D.

Address 14 N Patterson PK Ave

Date Aug 5 1907

Place of Burial Bonnie Brae Cem.

Date 190

Undertaker Jos. J. Hess

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

C 3477

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Aliceanna St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine Kmieciak

{ Residence, if in Baltimore, Give Street and Number. } 1720 Aliceanna St C.3477

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joseph Kmieciak

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary Psyhyl

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kmieciak

(Address) 1720 Aliceanna St

Filed. 8/16 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 5 1907 to Aug. 6 1907

that I last saw her alive on 1907

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary) Cardiac Exhaustion (DURATION) DAYS

(Signed) W. J. Reynolds M.D.

Address 2708 Ashland Ave.

Date Aug. 6. 1907

Place of Burial Holy Rosary.

Date August 7th 1907

Undertaker M. F. Dachowski

Address 703 S. Conn St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 4

CERTIFICATE OF DEATH.

C. 3478 '05

(Place of Death.) No. 1604 Shakespear St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mariana Brozowki

{ Residence, if in Baltimore, Give Street and Number. } 1604 Shakespear St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wladislaus Brozuski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Leokadyia Poplosha

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Brozowski

(Address) 1604 Shakespear

Filed 8/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 4 1907

that I last saw her alive on Aug 4 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Intestitis

(DURATION) 4 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) C C Bladel M.D.

Address 1431 N Bmpg

Date Aug 5 1907

Place of Burial St Stanislaus

Date Wed Aug 7 " 1907

Undertaker M. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 Registered No. C. 3479

CERTIFICATE OF DEATH.

C. 3479

(Place of Death.) No. Baker – Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beat Fine

{ Residence, if in Baltimore, Give Street and Number. } Baker – Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE ——— years, 8 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Louis Fine

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sadie Hoffman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Fine

(Address) Baker – Division

Filed 8/16" 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 ..... that I last saw him alive on Aug 6, 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Toxic – Temp 107 per rectum – Sign of cerebral hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) Measles – Purpuric

..... (DURATION) ..... DAYS

(Signed) Burg Leesmith M.D.

Address .....

Date ..... 190 .....

Place of Burial Hebrew Phila Rd Ran

Date Aug 6, 1907

Undertaker Max Levinson

Address 620 ma E Eddy st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9V

CERTIFICATE OF DEATH.

Registered No. B C 3480

City of Baltimore, (No. 1113 Comet St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Fox

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 14 (Day) 1837 (Year)

AGE: 69 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Irelands -

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Irelands

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Irelands

OCCUPATION OF DECEASED: Laboer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G Lytle

(Address) 1114 Harford ave

Filed 8/6" 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to Aug 6 1907 that I last saw h im alive on Aug 6 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Intermittent Fever

(DURATION) 18 DAYS

Contributory Diphtheria

(DURATION) 3 DAYS

(Signed) Wm Clyde Burns M. D.

Aug 6 1907 (Address) 1926 E. Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto County

DATE OF BURIAL: 8/7 1907

UNDERTAKER: Cramer & Spence

ADDRESS: 1182 N. W. Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B... 14

CERTIFICATE OF DEATH.

(Place of Death.) No. #932 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto W. Schumann

{Residence, if in Baltimore, Give Street and Number.} #932 Hanover St. C.3481

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Nov 12th 1891 1

AGE: 15 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm O Schumann

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Theresa Deppenbrock

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Shirt Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Theresa Schumann

(Address) 932 Hanover St.

Filed 8/6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5. th 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Aug 5 1907

that I last saw him alive on Aug 4 1907,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) 2 m DAYS

Contributory (Primary.) Dysentary (DURATION) 2 mo DAYS

(Signed) Augustus M.D.

Address 2[illegible] Hanover St

Date Aug 5 th 1907

Place of Burial Louden Park Cem.

Date Aug. 8th 1907

Undertaker Jno Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. C 3482 106a

CERTIFICATE OF DEATH.

(Place of Death.) No. #327 S Duncan Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha E Volland

{Residence, if in Baltimore, Give Street and Number.} #327 S Duncan Al. C 3482

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 22nd 1820 1

AGE: 86 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Ely.

(Address) #327 S Duncan Al.

Filed 8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 5 1907

that I last saw h alive on Aug 5 1907,

and that death occurred, on the date stated above, at 3.30 P M. CAUSE OF DEATH (Secondary or Immediate)

Senility & old age

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Wahlenmaier M.D.

Address 16 S Broadway

Date Aug 5 1907

Place of Burial Baltimore Cemetery

Date 8/6/07 190

Undertaker J Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3483

Registered No. B .....

City of Baltimore, (No. 545 N. Carey St.; 18th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda L. Evans

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: — Bailey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Zachary Taylor

(Address) 545 N. Carey St

Filed Aug 6 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 9th 1907 to Aug 6th 1907

that I last saw h[illegible] alive on Aug 4th 1907,

and that death occurred, on the date stated above, at 12.45 A. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) ..... DAYS

Contributory Senility

(DURATION) ..... DAYS

(Signed) C. L. Hutchinson M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Salisbury Md | DATE OF BURIAL: Aug 6 1907

UNDERTAKER: Crowley Bros | ADDRESS: 251 W. Fulton St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

J 3484

154

CERTIFICATE OF DEATH.

Registered No. B C 3484

City of Baltimore, (No. 1907, Cromwell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Johnston Moore

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 29 1824 (Month) (Day) (Year)
AGE	83 years, 11 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	William Johnston
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ramsey P. Moore

(Address) No. 1907 Cromwell St.

Filed 8/6 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ---- 1906 to Aug 5 1907

that I last saw her alive on Aug 5, 1907,

and that death occurred, on the date stated above, at 12.45 P. M. The CAUSE OF DEATH was as follows:

Anemia & Debility due to age.

Several months (DURATION) DAYS

Contributory Arteria-Sclerosis

(DURATION) DAYS

(Signed) A. A. Elwell M. D.

Aug 5, 1907 (Address) 1741 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Aug 7 1907
UNDERTAKER	ADDRESS
Chas E Franck	746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

C. 3485

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

105

Registered No. B [illegible]

City of Baltimore, (No. 429 Asquith St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian Rosenfield

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug. (Month) 5 (Day) 1907 (Year)

AGE: — years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Dont Know

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Rachel Rosenfield

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson M.D.

(Address) 1103 N. Eden St.

Filed 8/6 1907 HARRY C. A[illegible] PERMIT CL[illegible] Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 5 1907 that I last saw h[illegible] alive on Aug 5 1907, and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 1 DAYS

Contributory Cholera Infantum

(DURATION) About two weeks

(Signed) E. L. Peterson M. D.

Aug 6 1907 (Address) 1103 N. Eden St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Balto Hebrew Cem

DATE OF BURIAL: Aug. 6th 1907

UNDERTAKER: Harry Goodheim

ADDRESS: [illegible]

Ward V — C 3486 — Registered No. B C 3486

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothy Mary Ruppert

{Residence, if in Baltimore, Give Street and Number.} 1224 Caldwell St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F — COLOR: W

DATE OF BIRTH: Mar 27 — 1895

AGE: 12 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Frederick Louis Ruppert

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Anna Barbara Hagner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Shirt worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick L Ruppert

(Address) 1224 Caldwell St

Filed 8/6 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 4 — 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to Aug 4 1907

that I last saw her alive on Aug 4 1907

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 16 DAYS

Con'tributory (Primary.) Hemorrhage

(DURATION) 3 DAYS

(Signed) H H Baker M.D.

Address City Hospital

Date Aug 4 1907

Place of Burial Holy Redeemer Cem.

Date Aug 7 1907

Undertaker E Hearle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B C 3487 78

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josphs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George A. Bennett

{Residence, if in Baltimore, Give Street and Number.} 318 W. Hoffman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Aug 4th 1836

AGE: 70 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Capt William O Bennett

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Ann E. Atkinson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Real Estate Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L. Perkinson

(Address) Wylie Ave & Reisterstown Rd

Filed 8/6 1907 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 5 1907

I HEREBY CERTIFY, That I attended deceased from March 6 1907 to Aug 5 1907

that I last saw him alive on Aug 5 1907

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Chronic Endocarditis

(DURATION) DAYS

(Signed) Wm F. Cullen M.D.

Address St Josphs Hospital

Date August 5 1907

Place of Burial Loudon Park Cemetery

Date August 7th 1907

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3488 Registered No. B

CERTIFICATE OF DEATH.

C 3488
64

(Place of Death.) No. 857 West North Avenue St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia B. Kempton

{Residence, if in Baltimore, Give Street and Number.} 857 West North Ave.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 12" 1833

AGE 74 years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Robert W. Bowden

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Anna Doyle

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarie B. Kempton

(Address) 857 West North Ave.

Filed 8/6 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 5 1907

that I last saw her alive on Aug 5 1907

and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Haemorrhage

(DURATION) DAYS

Contributory (Primary.) Thrombus

(DURATION) 7 DAYS

(Signed) Wm. F. Fox M.D.

Address 836 W. North Ave

Date Aug 6- 1907

Place of Burial Atlanta, Georgia

Date August 6" 1907

Undertaker Henry W. Mears Jr.

Address 7 West North Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5th C 3489 Registered No. B

CERTIFICATE OF DEATH.

104 V
C. 3489

(Place of Death.) No. 719 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Jedrazkiewicz

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 5th 1907

AGE: ..... years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Jedrazkiewicz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosalia Stachowiak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Jedrazkiewicz

(Address) 719 S. Bond St

Filed 8/7 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 6 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to July 29 1907 that I last saw h. in alive on July 29 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception (DURATION) 30 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 10 DAYS

(Signed) H. J. Szumalski M.D.

Address 722 S. Ann St

Date August 6th 1907

Place of Burial Holy Rosary Cem.

Date Aug. 7.. 1907

Undertaker Trudell Lipkel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

64

C 3490

Registered No. B .....

City of Baltimore, (No. 1204 Guilford Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Malvina Biddle

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Friends

(Address) .....

Filed Aug 7th 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1907 to Aug 6th 1907 that I last saw h[er] alive on Aug 6 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

5 or 6 hours (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E. F. Lischeaud M. D.

1907 (Address) 115 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Sacred Heart cemetery | DATE OF BURIAL. Aug 7 1907

UNDERTAKER Evans & Spence | ADDRESS 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 Registered No. B

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 608 Wyanoke Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances E. Boardman

{Residence, if in Baltimore, Give Street and Number.} 608 Wyanoke ave C. 3491

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: M D.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Boardman

(Address) 608 Wynoakon

Filed Aug 7th 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 5th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1907 to Aug 5 1907

that I last saw him alive on Aug 5 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart (disease) Weakness

(DURATION) 2 DAYS

Contributory (Primary.) Cholera Morbus

(DURATION) 1 DAY

(Signed) E. M. Duncan M.D.

Address Gorsuchtown

Date Aug 6th 1907

Place of Burial Western Cem

Date Aug 7/07 190

Undertaker JOHN E. HOUGH CO

Address 1429 Penna. Ave., Baltimore, Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B V

CERTIFICATE OF DEATH.

(Place of Death.) No. 840 Hampson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Gross C.3492

{Residence, if in Baltimore, Give Street and Number.} 840 Hampson St

Duration of Residence in Baltimore. Eighteen yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Calvert Co Md.

FULL NAME OF FATHER: Samuel Gross

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Hattie Gross.

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md.

OCCUPATION OF DECEASED: Hostler.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Gross

(Address) 840 Hampson St

Filed 8/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 5th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Bright's Disease

of Pancreas (DURATION) ..... DAYS

(Signed) Wm Rae Davis M.D.

Address 702 Log. av. (Coroner)

Date Aug. 6th 1907

Place of Burial Mt Auburn Cem.

Date August 7 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Carlisle Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Nenadal

{Residence, if in Baltimore, Give Street and Number.} above C 3493

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Josef Nenadal

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Gistena Morek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Nenadil

(Address) 1709 Carlisle Place

Filed 8/7" 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9 a m. CAUSE OF DEATH (Secondary or Immediate)

Strangulation by mother

While insane

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Schlosser M.D.

Address 211 W. Lanvale

Date Aug 6 1907

Place of Burial Oak Hill

Date Aug. 7 1907

Undertaker Frank Lorach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

P

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. B 3494

City of Baltimore, (No. 1518 Fremont Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Samuel Wesley Mason

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: July (Month) 18 (Day) 1906 (Year)

AGE: 1 years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel W. Mason

BIRTHPLACE OF FATHER (State or country): Roseto Md

MAIDEN NAME OF MOTHER: Bertie Kelson

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Mason

(Address) 1518 Fremont

Filed ..... 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 5th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 4 1907

that I last saw h... alive on Aug 4 1907,

and that death occurred, on the date stated above, at 7am

.....M. The CAUSE OF DEATH was as follows:

Exhaustion from Summer Complaint

.....(DURATION)..... DAYS

Contributory Exhaustion from Cholera Infantum

2 weeks (DURATION) 1 DAYS

(Signed) J. Frederick Leitz M. D.

Aug 5 1907 (Address) 1340 W Northern

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Aug 7 1907
UNDERTAKER	ADDRESS
Geo H Hooper	609 Little Pacific

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

97

Ward 7 C 3495 Registered No. B C 3495

CERTIFICATE OF DEATH.

(Place of Death.) No. 938 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Cutler

{Residence, if in Baltimore, Give Street and Number.} 938 N. Duncan St

Duration of Residence in Baltimore. Life C. 3495

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Cutler

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Stagen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Cutler

(Address) 938 N. Duncan

Filed 8/7 1907

HARRY O. ANDES
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 5 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Augs 1907 that I last saw h.. alive on Augs 1st 1907, and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Pulmonalis

(DURATION) 6 mth DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Lilly M.D

Address 2051 Cromwell St

Date August 6, 1907

Place of Burial Rabbit Hill

Date Aug. 7. 1907

Undertaker Frank Grach

Address 1904 Eastlang

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 3496 Registered No. B

CERTIFICATE OF DEATH. C 3496

(Place of Death.) No. 1207 Jenkins alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number) 105

Full Name Arthur Harris

{ Residence, if in Baltimore, Give Street and Number. } 1207 Jenkins al.

Duration of Residence in Baltimore. 6 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 13 Feb. '07 6 mo old 1

AGE: ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Nannie Harris

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Scott (Cousin)

(Address) 1207 Jenkins al

Filed 8/7 1907

Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 4 1907 to ..... 190.....

that I last saw h[illegible] alive on Aug. 4 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH, (Secondary or Immediate)

Gastro-Enteritis

(DURATION) about 1 wk.

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. A. Waters M.D.

Address 1711 Madison ave.

Date Aug. 6 1907

Place of Burial Mt Auburn

Date Aug 7 1907

Undertaker Alex H Grimsley

Address 517 N Broadway

This child had been treated at the N. W. Free dispensary during the mo[illegible]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, residence, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Health Department, City of Baltimore,

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. C 3497

CERTIFICATE OF DEATH.

Date of Death, Aug 3 07

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Joseph Ismadel

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 1 *Years* 9 *Months,* ..... *Days.*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1709 Carlton Place

Cause of Death, First (Primary), Strangulation by mattress

Second (Immediate). While in bed

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Oakhill

Date of Burial, Aug 7/07

Undertaker, Frank Gruch

Place of Business, 1904 Eastern Ave

J. D. Lehtaw M.D.,

Medical Attendant.

Address, 711 W. Lanvale Brown

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

8/4/07

HARRY C. AND[illegible]
PERMIT CLERK.

accepted
by direction of
Wm. A. Hartman
J.P.

Ward 7 C 3498 Registered No. B C 3498

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 S. Caulton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Roberts

{Residence, if in Baltimore, Give Street and Number.} 713 S. Caulton St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October — 1840

AGE: 66 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip Dorris

(Address) 713 S. Caulton

Filed 8/7 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 6th 1907

I HEREBY CERTIFY, That I attended deceased from July 20 190 7 to Aug 6 190 7 that I last saw her alive on Aug 6 190 7 and that death occurred, on the date stated above, at 12.25 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis.

..... (DURATION) ..... DAYS

Contributory (Primary.)

Gastro Enteritis. (DURATION) 14 ~~DAYS~~

(Signed) Wm J. McCamy M.D.

Address 839 S. Caulton St.

Date Aug 6 190 7

Place of Burial Baltimore Cemetery

Date Aug 8 190 7

Undertaker Louis Heimann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C 3499

C 3499

CERTIFICATE OF DEATH.

142

(Place of Death.) No. 914 Peach alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Hughes

{ Residence, if in Baltimore, Give Street and Number. } Above 914 Peach al

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: colored

DATE OF BIRTH: ..... 1 .....

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Hughes

(Address) 914 Peach al

Filed 8/7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from Above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1130 a m. CAUSE OF DEATH (Secondary or Immediate.)

Gangrene of foot.

(DURATION) DAYS

Contributory (Primary.) Scrofula

with 7 mos (DURATION) DAYS

(Signed) J. D. Hebbert M.D.

Address 211 N. Lanvale

Date Aug 6th 1907

Place of Burial Mt Auburn

Date Aug 8 1907

Undertaker Jno H. Fradenburg

Address 142 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

C 3500

Registered No. B C 3500

CERTIFICATE OF DEATH.

(Place of Death.) No. 2111 Druid Hill Ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Chas. W. Thomas

{Residence, if in Baltimore, Give Street and Number.} 2111 Druid Hill Ave.

Duration of Residence in Baltimore. 5 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH July 12, 1883

AGE 24 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Rev. J. T. Thomas.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Josephine Ford

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. J. T. Thomas.

(Address) 2111 D-Hill Ave

Filed

Aug 7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 5, 1907.

I HEREBY CERTIFY, That I attended deceased from April 1, 1907 to Aug. 5 1907, that I last saw h[illegible] alive on July 30, 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heat Prostration

(DURATION) 3 DAYS

Contributory (Primary.) Pulmonary Tuberculosis 4 months

(DURATION) DAYS

(Signed) W. Edw. Magruder M.D.

Address 922 Madison Ave.

Date Aug. 6, 1907

Place of Burial Mt Auburn.

Date Aug 7 1907

Undertaker Jno. H. Toadvin

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 3501 Registered No. B C 3501

CERTIFICATE OF DEATH.

106

(Place of Death.) No. 113 N. Grove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie E. Krank

{Residence, if in Baltimore, Give Street and Number.} 113 N. Grove St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 19 1903

AGE: 4 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Krank

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maggie Beck

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Krank

(Address) 113 N. Grove St.

Filed 8/7 1907 Registrar

HARRY C. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 7 1907 that I last saw h[illegible] alive on Aug 7 1907 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Cystitis

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rinehart M.D.

Address 1001 E. Baltimore St

Date Aug 8 1907

Place of Burial Mt. Olivet Cemetery

Date Aug. 7 1907

Undertaker H. Sander & Sons

Address 1310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward P

C 3502

Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 3401 Chestnut Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Fairfront

{ Residence, if in Baltimore, Give Street and Number. } 3401 Chestnut Ave

Duration of Residence in Baltimore Life

C 3502

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 5 1907

AGE: — years, — months, 1 days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Lafayette Fairfront

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Bessie Minor

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lafayette Fairfront

(Address) 3401 Chestnut Ave

Filed 8/7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

7/12 Mo

Born Aug 5 1907

Contributory (Primary) ..... (DURATION) ..... DAYS

..... (DURATION) ..... DAYS

(Signed) H. Bascueil M.D.

Address 1129 W. North Ave

Date Aug 7 1907

Place of Burial Loudon Park

Date Aug 7. 1907

Undertaker Jos B. Cook

Address 1003 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

Registered No. B C 3503

CERTIFICATE OF DEATH.

(Place of Death.) No. 2426 E. Lafayette Av. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Wensel

{Residence, if in Baltimore, Give Street and Number.} 2426 E. Lafayette Ave

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 23rd 1829

AGE 78 years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Campbell

(Address) 2426 E. Lafayette Ave

Filed 8/7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 5 1907

that I last saw h alive on Aug 4 1907 and that death occurred, on the date stated above, at 7.36 a m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 DAYS

Contributory (Primary) Acute Peritonitis (DURATION) 4 DAYS

(Signed) J. Lee Mayes M.D.

Address 1205 E. Preston St

Date Aug 6, 1907

Place of Burial St Mathews Cem

Date 8/7/07 1907

Undertaker J. Henry Sons

Address 2008 Eden St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

C 3504

Registered No. B 3504

CERTIFICATE OF DEATH.

15 1 V

(Place of Death.) No. 1346 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roberta M. Ferguson

{Residence, if in Baltimore, Give Street and Number.} 1339 N. Gilmor St

Duration of Residence in Baltimore. During life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F Male | COLOR: W White

DATE OF BIRTH: July 28 1907

AGE: ....years, ...months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert B. Ferguson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Martha A Wood

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert B Ferguson

(Address) 1339 N Gilmor St

Filed 8/7 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 6th 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 6 1907 that I last saw her alive on Aug 6 1907, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

- weak at birth -

Intestinal

Indigestion

(DURATION) 10 DAYS

Contributory (Primary) Exhaustion

(DURATION) — DAYS

(Signed) Chas. H. Burbert M.D.

Address 1100 W. Lafayette Ave

Date Aug 6 1907

Place of Burial LOUDON PARK.

Date AUG 7 - 1907 190

Undertaker Armstrong Donny Co.,

Address 718 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 3505 Registered No. B [illegible] 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Genl Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Jones

{Residence, if in Baltimore, Give Street and Number.} 438 Moore St Balto. Md

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Flowers Jones.

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 5 1907

I HEREBY CERTIFY, That I attended deceased from August 1 1907 to Aug 5 1907

that I last saw her alive on Aug 5 1907

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) ..... DAYS

Con'tributory (Primary.) Cholera Infantum

(DURATION) 4 DAYS

(Signed) Wm. Lear M.D.

Address Md. Genl Hosp.

Date Aug 5 - 1907

Place of Burial COLLEGE OF P. & S.

Date AUG 6 - 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8/7

15

Ward 4

Registered No. B 3566

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Hitchcock

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 24 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West Virginia

FULL NAME OF FATHER: Jonathan Hitchcock

BIRTHPLACE OF FATHER (State or country): W. Va

MAIDEN NAME OF MOTHER: Jane N. Service

BIRTHPLACE OF MOTHER (State or country): W. Va.

OCCUPATION OF DECEASED: Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/7 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 4. 1907

I HEREBY CERTIFY, That I attended deceased from July 24. 1906 to Aug. 4. 1907

that I last saw him alive on Aug. 4. 1907

and that death occurred, on the date stated above, at 7.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia

Con'tributory (Primary.) Dyspepsia (DURATION) 7 DAYS

(DURATION) 60 DAYS

(Signed) W. M. Andrews M.D.

Address Bay View Asylum

Date August 4. 1907

Place of Burial Lorraine Cemetery

Date Aug 7 1907

Undertaker Emslie Johnson & Co

Address Baltimore, Md.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3507 Registered No. B C 3507 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 2022 Mary Anna St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary H Burrows.

{ Residence, if in Baltimore, Give Street and Number. } 2022 Mary Anna St

Duration of Residence in Baltimore All her life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: February 22 1883 1	
AGE: 24 years, 5 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore City	
FULL NAME OF FATHER: Joseph A.Burrows,	
BIRTHPLACE OF FATHER (State or country): Washington D.C.	
MAIDEN NAME OF MOTHER: Mary E.Burrows	
BIRTHPLACE OF MOTHER (State or country): Washington D.C.	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A.Burrows

(Address) 2022 Mary Anna St.

Filed 8/7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to Aug 6 1907

that I last saw h-a alive on Aug 5 1907

and that death occurred, on the date stated above, at 9.30 a m

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

Pulmonary Tuberculosis (DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 54 S. Fulton Ave

Date Aug 6 1907

Place of Burial Western Cemetery

Date August 8 1907 190

Undertaker Geo.W.Little,

Address 531 N-Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. C 3508

Registered No. B

City of Baltimore, (No. 934 Pierce St – St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Simon Mathews

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Nov 13th 1906 (Month) (Day) (Year)

AGE: ..... years, 8 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Birgil Mathews

BIRTHPLACE OF FATHER (State or country): Md. – A A County

MAIDEN NAME OF MOTHER: Rachael Butler

BIRTHPLACE OF MOTHER (State or country): A A County – Md

OCCUPATION OF DECEASED: ~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Birgil mathews

(Address) 934 Pierce St

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 6th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 4th 1907 to Augst 6th 1907 that I last saw h-im alive on Augst 6th 1907, and that death occurred, on the date stated above, at 3-30 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 6 DAYS

Contributory Heat –

(DURATION) ..... DAYS

(Signed) C W Barker – M. D.

Augst 7th 1907 (Address) 1116 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	August 8 1907
UNDERTAKER	**ADDRESS**
Alfred J. Friedlond	106 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 3509

City of Baltimore, (No. 1407 Holbrook St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James E. Taylor.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: March 2 (Month) (Day) 1851 (Year)

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edmond Taylor

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Caroline Garlic

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer Taylor

(Address) 1407 Holbrook

Filed 8/7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 5th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 27th 1907 to Aug 5th 1907 that I last saw him alive on Aug 4th 1907, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Cancer of Liver

While only under my care 10 days
Mouth and bowels sick for a long time
Contributory Heart & thrombus (DURATION) 10 DAYS

(Signed) Jeffersn Buck, M. D.

Aug 6th 1907 (Address) 2844 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Aug 7 1907

UNDERTAKER: E. A. Friedfeld Jr. | ADDRESS: 217 Gilmanton Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 3510 Registered No. B C 3510

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 812 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Annie O'Brien

{Residence, if in Baltimore, Give Street and Number.} 812 Greenmount Ave.

C 3510

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1852

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ballo

FULL NAME OF FATHER Timothy Clarke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen West

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O'Brien

(Address) 812 Greenmount Ave

Filed 8/7 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to Aug 5 1907 that I last saw h[er] alive on Aug 4 1907, and that death occurred, on the date stated above, at 7.00 a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of stomach with gradual inanition

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Bernard Wise M.D.

Address 825 E Chase St

Date Aug 8 1907

Place of Burial New Cathedral

Date Aug 8 1907

Undertaker E A Friedfeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 6 0511

CERTIFICATE OF DEATH.

105

(Place of Death.) No. The Thomas Wilson Sanitarium St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Dunkirk

{ Residence, if in Baltimore, Give Street and Number. } 1006 E. Eager St

Duration of Residence in Baltimore. 9 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Cecil

FULL NAME OF FATHER: John Dunkirk

BIRTHPLACE OF FATHER (State or country): Cumberland Md.

MAIDEN NAME OF MOTHER: Elizabeth J. Davern

BIRTHPLACE OF MOTHER (State or country): Cecil

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Davern

(Address) 1006 Eager St.

Filed 8/7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6th 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Aug 6th 1907

that I last saw him alive on Aug 5th 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Glycosuria.

(DURATION) 3w DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. Wm Lowe Jr M.D.

Address 8 W Cathedral St

Date Aug 6th 1907

Place of Burial Holy Cross

Date Aug 7 1907

Undertaker Henry Koch & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. BC 3512

City of Baltimore, (No. 1504, Bradford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia Bertha Schnepfer

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	W
DATE OF BIRTH	9 (Month) 6 (Day) 1907 (Year)
AGE	..... years, 5 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	X
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John Louis Schnepfer
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Carrie Matilda Busch
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1004 N. Bakerfield St

Filed 8/7 1907

HARRY C. [illegible]
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8 (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to Aug 1906 that I last saw h[illegible] alive on 7, 6, 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Cholera Infantum

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) [illegible] M. D.

8, 6, 1907 (Address) 311 Patterson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 7 1907
UNDERTAKER	ADDRESS
Henry Hooks Sons	1301 E. Eager

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B

C 3513

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clara Debes

{ Residence, if in Baltimore, Give Street and Number. } 120 N Eutaw Ave.

Duration of Residence in Baltimore. Fifty Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Jan. 20 1842
AGE	65 years, 6 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Lawrence Hagner
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Eva Kissner
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Wm. Geo. Debes

(Address) Lansdale Balto. Pa

Filed 1907

HARRY O. ANDERSON PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5 1907

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to August 5 1907

that I last saw h[illegible] alive on August 5 1907

and that death occurred, on the date stated above, at 5 PM

11. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage and Surgical Shock

Thirty six hours (DURATION) DAYS

Con'tributory (Primary) Gob Liebeman

(DURATION) DAYS

(Signed) Victor F Bullard M.D.

Address St Joseph German Hospital

Date August 5 1907

Place of Burial Holy Redeemer Cemetery

Date Aug 8 1907

Undertaker Henry Stroeckr Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 3514 Registered No. B C 3514

CERTIFICATE OF DEATH.

100

(Place of Death.) No. 238 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rhoda K. Nichols

{Residence, if in Baltimore, Give Street and Number.} 238 N. Luzerne st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 27 1906

AGE 1 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Howard Nichols

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rhoda Fergusen

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Nichols

(Address) 238 N. Luzerne st

Filed 8/7 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH AUG 5 1907 190

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 190 7 to Aug 5th 190 7

that I last saw h[illegible] alive on Aug 4, 190 7,

and that death occurred, on the date stated above, at 4 45

A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

Gastro Enteritis

Had been sick in comp[illegible] some days - brought for city - night of Aug 3rd

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) E. B. Britton M.D.

Address 1711 E Baltimore St

Date AUG 5 1907 190

Place of Burial Oak Lawn. Com.

Date AUG 7 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BARRY C. [illegible] PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

Registered No. B 35165

172

CERTIFICATE OF DEATH.

(Place of Death.) No. City Dock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C. Kremer

{ Residence, if in Baltimore, Give Street and Number. } 1203 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 16th 1900

AGE: 6 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry A. Kremer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie M. Price

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry A. Kremer

(Address) 1203 Hanover St ~~1724 W Lombard St~~

Filed Aug 7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 30th 1907

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Accidentally drowned at foot Covington St July 30. 07 body recovd Aug 6th 07.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbert Coroner M.D.

Address 211 N. Lanvale

Date Aug 7th 1907

Place of Burial London Park

Date Aug 7th 190

Undertaker C. F. McGonnigal

Address 1729 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 3516 Registered No. B 72

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Balt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Monsville West

{Residence, if in Baltimore, Give Street and Number.} 15 Balt St

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR Colored
DATE OF BIRTH	1
AGE 44 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Benjamin West
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 15 Balt St

Filed 8/7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Aug 6 1907

that I last saw h in alive on Aug 6 1907

and that death occurred, on the date stated above, at 6-5 a m. CAUSE OF DEATH (Secondary or Immediate.)

Lock-Jaw

Blood-Poison

Rusty Nail in foot

(DURATION) 6 DAYS

Contributory (Primary.) Lock Jaw

(DURATION) 6 DAYS

(Signed) Dr. Lyn. Tennard M.D.

Address 748 Eastern Ave

Date 8-6-1907

Place of Burial Sewell Station Harford Co Md

Date Aug 8th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 3517 Registered No. B C 3512

137

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nora Smith

{ Residence, if in Baltimore, Give Street and Number. } 762 Wasche St

Duration of Residence in Baltimore. 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: Black

DATE OF BIRTH: ... 1...

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jones

(Address) 762 Whisher St New Myrtle Ave

Filed 8/7 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 5th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Aug 5 1907

that I last saw h[illegible] alive on Aug 5th 1907

and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Ex hoemetis and acute delirium of 21 days

(DURATION) 5 DAYS

Contributory (Primary.) Septic periotonitis (Result of miscarriage caused by [illegible])

(DURATION) DAYS

(Signed) Thos Dean M.D.

Address Md. Genl Hospt.

Date Aug 5- 1907

Place of Burial Mt Zion

Date August 8 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45V

CERTIFICATE OF DEATH.

C 3518

Registered No. B.....

City of Baltimore, (No. 1524, W. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Doyle,

PERSONAL AND STATISTICAL PARTICULARS

SEX Femal | COLOR White

DATE OF BIRTH Jan (Month) 9 (Day) 1853 Year)

AGE 54 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Roderick Beck

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Cynthia Smith

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Doyle

(Address) 1524 W. Lanvale

Filed ..... 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 6 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to Aug 5 1907

that I last saw h er alive on Aug 5 1907,

and that death occurred, on the date stated above, at 2 a. M. The CAUSE OF DEATH was as follows:

Typhemia.

(DURATION) 2 DAYS

Contributory Cancer.

(DURATION) 6 mos.

(Signed) F. B. Jamison M. D.

Aug 6 1907 (Address) 317 N. Carrollton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 8 1907
UNDERTAKER	ADDRESS
Geo. J. Smith Co.	1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH. C 3519

Registered No. B .....

City of Baltimore, (No. 18, S Madeira St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Kiesling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 21 (Day) 1861 (Year)

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Andrew Kiesling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Kiesling

(Address) 19 S. Madeira alley

Filed ..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1907 to Aug 6th 1907 that I last saw him alive on Aug 6th 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Brights disease

..... (DURATION) ..... DAYS

Contributory Summer

..... (DURATION) 1 DAYS

(Signed) C. H. Scudder M. D.

Aug 6th 1907 (Address) 2 S. Pattenson Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer | DATE OF BURIAL: Aug 9 1907

UNDERTAKER: Jos. J. Kerr | ADDRESS: 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

C. 3520

Registered No. B.....

City of Baltimore, (No. 14, N Castle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Moerlein

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec (Month) 17 (Day) 1836 (Year)
AGE	70 years, 7 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otilla Moerlein

(Address) 14 N Castle St

Filed ..... 190.....

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 6th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Aug 6 1907

that I last saw him alive on Aug 6 1907,

and that death occurred, on the date stated above, at 12-25 A.M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

(DURATION) 14 DAYS

Contributory Malarial Fever

(DURATION) 14 DAYS

(Signed) John L Gundermann M. D.

Aug 6 1907 (Address) 1811 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Aug 8 1907
UNDERTAKER	ADDRESS
Jos. J. Kerr	1914 E. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 3521 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 Columbia St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E Reed

{Residence, if in Baltimore, Give Street and Number.} 1211 Columbia Ave

Duration of Residence in Baltimore. Life C 3521

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Born Aug 15th 1906

AGE: — years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John C. Reed

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: May Mikesell

BIRTHPLACE OF MOTHER (State or country): Carroll Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Reed.

(Address) 1211 Columbia Ave

Filed

..... 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 — 190 7

I HEREBY CERTIFY, That I attended deceased from July 17 190 7 to Aug 6 190 7 that I last saw h[e] alive on Aug 5 190 7, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Entheria

(DURATION) 19 DAYS

Contributory (Primary.) Enteritis

(DURATION) 3 DAYS

(Signed) E Schlosser M.D.

Address 517 Scott n

Date Aug 7 — 190 7

Place of Burial London Park Cem

Date Aug 8th 190 7

Undertaker E. Schlosser & Son

Address 1024 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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Filed

Ward ..... Registered No. B 5522

121

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James T. Thompson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 6 1907

that I last saw h. im alive on Aug 6 1907

and that death occurred, on the date stated above, at 12.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pyelo-Nephritis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Hosp.

Date Aug 6 1907

Place of Burial Mount Olivet

Date Aug 7th 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3523 Registered No. B C 3523

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 S Fremont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H Frazier

{Residence, if in Baltimore, Give Street and Number.} 214 S Fremont ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Feb 16 1842

AGE 65 years, 5 months 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Frazier

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Keller

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Frazier

(Address) 214 S. Fremont Ave

Filed 8 7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 6 1907

I HEREBY CERTIFY, That I attended deceased from March 1904 to aug 6 1907

that I last saw h... alive on July 20 1907,

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Con'tributory (Primary.) Paralysis. bi

Lateral 3 years

(DURATION) DAYS

(Signed) Geo R Frazier M.D.

Address 725 Columbia ave

Date August 6 1907

Place of Burial Western

Date Aug 9 1907

Undertaker Jos. B. Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3524

City of Baltimore, (No. 203, E Castle —, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo A. Hollins —

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 28 1906 (Month) (Day) (Year)
AGE	..... years, 7 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	George A Hollins
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Dora Horner
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Horner

(Address) 203 E. Castle St.

Filed ..... 190 7. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug — 6 — 190 7 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 — 190 7 to Aug 6 — 190 7 that I last saw h— alive on 11 / 5 — 190 7, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Grobis — Cerebritis

1 Wk (DURATION) ..... DAYS

Contributory Convulsions

(DURATION) ..... DAYS

(Signed) J C Mercer M. D.

Aug 6 190 7 (Address) Bank St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem.	Aug. 7 190 7
UNDERTAKER	ADDRESS
Germanus Trance	Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

Ward V

Registered No. B 3525

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred Groch

{Residence, if in Baltimore, Give Street and Number.} 827 S Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: July 16 1907

AGE: ....years, ...months, 21 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jno Groch

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary [illegible]

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Groch.

(Address) 827 S. Bond St

Filed ....190....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 6 1907

that I last saw h[illegible] alive on Aug 6 1907

and that death occurred, on the date stated above, at 12

....M. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) 24 DAYS

Con'tributory (Primary.) Preston Bell & Co

(DURATION) 24 DAYS

(Signed) J. J. Valentine M.D.

Address 161 Broadway

Date Aug 7 1907

Place of Burial St Stanislaus

Date August 7. 1907

Undertaker M. F. Radowski

Address 708 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8/7/07

Ward 6 Registered No. B 3526

CERTIFICATE OF DEATH.

125

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name P. H. Milburn

{ Residence, if in Baltimore, Give Street and Number. } 910 E. Preston St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wilson

(Address) 910 E. Preston St.

Filed 8/7 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 7 1907 that I last saw him alive on Aug 7 1907 and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhumation.

(DURATION) DAYS

Contributory (Primary) Hypertrophied Prostate

Acute Prostatitis (DURATION) DAYS

(Signed) Victor F. Cullen M.D.

Address St Joseph Hospital

Date Aug 7 1907

Place of Burial Middle River

Date August 8 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

61

CERTIFICATE OF DEATH.

C 3527

Registered No. B .....

City of Baltimore, (No. 1443 William St St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Beatrice Baumiller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 2, 1905 (Month) (Day) (Year)

AGE: 2 years, 5 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Baumiller

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Carrie L. Pope

BIRTHPLACE OF MOTHER (State or country): West Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie L. Baumiller

(Address) 1443 William St

Filed ..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 6 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to Aug 6 1907 that I last saw h.. alive on Aug 6 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Meningitis

..... (DURATION) ..... DAYS

Contributory Cardiac Failure

..... (DURATION) ..... DAYS

(Signed) Harry Goss M.D.

Aug 6 1907 (Address) 1969 Calhoun St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bonnie Brae Cemetery | DATE OF BURIAL: Aug 8 1907

UNDERTAKER: John J. Fahey | ADDRESS: 1237-39 William St

WM. J. C. DULANY CO., BALTIMORE.

BARRY C. ANDREWS, PERMIT CLERK

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward N C 3528 Registered No. B C 3528

CERTIFICATE OF DEATH.

(Place of Death.) No. Fort & Ground St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Scott Working

{ Residence, if in Baltimore, Give Street and Number. } Hampton, Va

Duration of Residence in Baltimore. Non-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 28 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not known

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B S Hayden

(Address) 1216 N Caroline St

Filed 8/7 190 7 Registrar

HARRY C. ANDREWS FERMIT CLERK

Morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 25 — 190 7

I HEREBY CERTIFY, That I attended deceased from July 25 190 to July 25 190 7

that I last saw h— alive on — 190 —,

and that death occurred, on the date stated above, at 4.32 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute dilatation

(DURATION) — DAYS

Contributory (Primary.) Acute Collapse

Exhaustion (DURATION) — DAYS

(Signed) B S Hayden M.D.

Address 1216 N. Caroline St.

Date Aug. 7 — 190 7.

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 7 - 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., Baltimore. FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C359 Registered No. B ..... U 3529 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 729 Down St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Rebecca Brooks.

{ Residence, if in Baltimore, Give Street and Number. } 729 Down St., Balto.

Duration of Residence in Baltimore. About fifty years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1827 +

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Prince George Co., Md

FULL NAME OF FATHER: Levi Gant

BIRTHPLACE OF FATHER (State or country): Prince George Co Md.

MAIDEN NAME OF MOTHER: Anna Hamilton

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Brooks

(Address) 729 Down St.

Filed 8/7 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6th. 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to Aug 6 th 1907

that I last saw h.. alive on Aug. 5 th 1907

and that death occurred, on the date stated above, at 8 P

M. CAUSE OF DEATH (Secondary or Immediate) Cardiac dilatation

(DURATION) 2 DAYS

Contributory (Primary.) Tuberculosis

~~Cardiac~~ Endocarditis (DURATION) 15 ~~years~~

(Signed) Robt. C. Bay. M.D.

Address University Hospital

Date Aug 6th 1907

Place of Burial Mt Auburn Cemetery

Date August 8th 1907

Undertaker Felix B Pope.

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 3530

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 831 S Bond St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Stephan Zeade

{Residence, if in Baltimore, Give Street and Number.} 831 S Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Sept 29 1906
AGE	..... years, 10 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Valentine Zeade
BIRTHPLACE OF FATHER (State or country)	Europe
MAIDEN NAME OF MOTHER	Theresa Arent
BIRTHPLACE OF MOTHER (State or country)	Europe
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valentine Zeade

(Address) 831 S Bond St

Filed Aug 8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

6476 R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 7 1907

that I last saw him alive on Aug 6 1907,

and that death occurred, on the date stated above, at 7:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

4 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo T Friedrich M.D.

Address 105 N. Bond St

Date Aug 7th 1907

Place of Burial St Stanislaus

Date August 8 1907

Undertaker M. J. Jackowski

Address 738 S. Ann St

730 Ann

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B C 3531

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 S. Wolff St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hellen Chmiel (CHMIEL)

{ Residence, if in Baltimore, Give Street and Number. } 616 S. Wolff

Duration of Residence in Baltimore. 17 Years C. 3531

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shop Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Hajnocki

(Address) 616 S. Wolff

Filed Aug 8th 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1907 to Aug 6th 1907

that I last saw h alive on Aug 6th 1907,

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

6 months (DURATION) DAYS

Contributory (Primary)

Prostration (DURATION) 28 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 48 S. Paca St.

Date Aug 7th 1907

Place of Burial Holy Rosary.

Date August 8th 1907

Undertaker W. F. Gastrock

Address 703 S. Conn St

790 Conn

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3532 Registered No. B C 3532 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank B. Edenfield

{ Residence, if in Baltimore, Give Street and Number. } Philadelphia

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX ~~White~~ Male	COLOR White.
DATE OF BIRTH Aug 7 1907	
AGE 50 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country) Penna.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) "Coroner

(Address)

Filed 8/8 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary, or Immediate.)

Fracture of skull, accidental - jumping in water at Baltimore, on Aug 4th 07 (DURATION) 4 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) L. D. Geldart M.D. Coroner

Address 211 W. Lanvale

Date Aug 7th 1907

Place of Burial Philadelphia, Pa.

Date August 8th 1907

Undertaker Henry W. Mears, Jr

Address 7 West North Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 645 George St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frank Bowler

{Residence, if in Baltimore, Give Street and Number.} 646 George St

Duration of Residence in Baltimore. 29 yrs

C.3533

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Ernest Bowser

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Martha Bustard

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Martha Bowser.

(Address) 645 George St.

Filed 8/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1907

I HEREBY CERTIFY, That I attended deceased from March 7 1907 to Aug 7 1907

that I last saw h alive on Aug 7 1907

and that death occurred, on the date stated above, at 3.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease
Asthma &
Dropsy

Months (DURATION) 5 DAYS

Con'ributory (Primary.) Heart

Mortin (DURATION) 3 DAYS

(Signed) Dr. Wm Bernard M.D.

Address 708 Eutaw St

Date Aug 7 1907

Place of Burial Mt Auburn Cemetery

Date August 9th 1907

Undertaker Felix B Pye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 3534 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William B Waters

{ Residence, if in Baltimore, Give Street and Number. } 430 N Caroline St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black.

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles O Waters

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sophia Waters

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C O Waters

(Address) 609 N Central Ave

Filed 8/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 7 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug 7 1907

that I last saw h alive on Aug 7 1907

and that death occurred, on the date stated above, at 6.25 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harvey B Stone M.D.

Address Johns Hopkins Hospital

Date Aug 7 1907

Place of Burial Asbury

Date Aug 8 1907

Undertaker E P Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 5 C 3535 Registered No. B C 3535

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1425 Mulliken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Blake

{Residence, if in Baltimore, Give Street and Number.} 1425 Mulliken

Duration of Residence in Baltimore. 23 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ....1....

AGE: 84 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm L. Blake

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Pocomoke city

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E Blake

(Address) 1425 Mulliken St

Filed 8/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 5th 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Aug 5 1907 that I last saw him alive on Aug 5 1907, and that death occurred, on the date stated above, at 9-35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Formerly attended by Dr. Goodman

Female Months (Stated) (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J E Heard M.D.

Address 202 Aisquith St

Date August 7 1907

Place of Burial Pocomoke city Md

Date August 8th 1907

Undertaker Wm L Jackson

Address 1421 Mulliken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

Registered No. B 13536

City of Baltimore, (No. 421 N.Carrollton Ave. St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis E.Strohmer,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White.

DATE OF BIRTH: July 28 1907 (Month) (Day) Year)

AGE: ____ years, ____ months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Edward Strohmer,

BIRTHPLACE OF FATHER (State or country): Baltimore City.

MAIDEN NAME OF MOTHER: Mary M.Lory,

BIRTHPLACE OF MOTHER (State or country): Baltimore City.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Strohmer,

(Address) 421 N.Carrollton Ave.

Filed ..... 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1907 to Aug 7th 1907 that I last saw h im alive on Aug 7 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Congenital Ataletasis

(DURATION) ..... DAYS

Contributory .....

(DURATION) 11 DAYS

(Signed) J. E. Jeffers M. D.

Aug 7 1907 (Address) 413 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Aug. 8 1907
UNDERTAKER	ADDRESS
Geo.W.Little,	531 N.Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 3537 Registered No. B C 3537

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Erkenio De Oliveira

{ Residence, if in Baltimore, Give Street and Number. } U. S. Marine Hospital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) Portugal

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U. S. Marine Hospital

Filed 8/8 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1907

I HEREBY CERTIFY, That I attended deceased from July 4 1907 to August 7 1907

that I last saw h ing alive on August 7 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 3 DAYS

(Signed) L. L. Williams M. D.

Address U. S. Marine Hospital

Date August 7 1907

Place of Burial Methodist Cemetery

Date August 8 1907

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 3533

CERTIFICATE OF DEATH. C 3533 19

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Owens

{ Residence, if in Baltimore, Give Street and Number. } 1132 Shields Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 8/8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 5 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug 5 1907

that I last saw him alive on Aug 5 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) DAYS

Contributory (Primary) Mitral Cardiac Insufficiency

(Signed) R R Norris M.D.

Address Bay View Hospital

Date Aug 5 1907

Place of Burial Mt Auburn Cemetery

Date Aug 9 1907

Undertaker R St G Cleaf

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C 3539 V 105

C 3539

CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. B. F. Hesterberg

{ Residence, if in Baltimore, Give Street and Number. } 1213 Carroll St,

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male ~~Female~~ | COLOR: Wh

DATE OF BIRTH: Aug 23 1906

AGE: — years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Dietrich Hesterberg

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Bullof.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dietrich Hesterberg

(Address) 1213 Carroll St

Filed 8/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 7 1907

that I last saw him alive on Aug 6 1907,

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 1 DAYS

Contributory (Primary) Cholera Infantum

(DURATION) 16 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date Aug 9 1907

Place of Burial St Pauls Gen Both County

Date Aug 8 1907

Undertaker Mrs Andrew Rohde & Son

Address 730 Emma Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 3540 Registered No. B C 3540 83

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Clarke

{Residence, if in Baltimore, Give Street and Number.} 612 N. Mulberry St

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: ~ 1

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Carey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Herwig

(Address) 1028 St Paul Ave

Filed 8/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 7 1907

that I last saw h[illegible] alive on Aug 7 1907

and that death occurred, on the date stated above, at 4:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Senility

Varicose Ulcer Leg (DURATION) 30 DAYS

(Signed) J J O'Connor M.D.

Address St Joseph's Hospital

Date Aug 7 - 1907

Place of Burial St Peters Cemetery

Date Aug 9 1907

Undertaker Mrs Andrew Rohde Sons

Address 7 & S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3541 Registered No. B C 3541

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 36 Lloyd St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Falck

{Residence, if in Baltimore, Give Street and Number.} 36 Lloyd St.

Duration of Residence in Baltimore. 20 years C.3541

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: John May

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Charles Falck

(Address) 36 Lloy St

Filed 8/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 7th 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Aug 7th 1907

that I last saw h[illegible] alive on Aug 6th 1907

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

2 mo

(DURATION) — DAYS

Con'ributory (Primary.) Heart

Mitral Regurgitation (DURATION) 2 w DAYS

(Signed) Chas. F. Blake M.D.

Address 1523 E. Balto St

Date Aug 7th 1907

Place of Burial Lancaster Pa

Date Aug 10 1907

Undertaker H C Branning

Address 318 Poplar St.

CLERK OF ORPHANS' COURT
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 3542 Registered No. B C 3542

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 427 N Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edw F Hearn

{ Residence, if in Baltimore, Give Street and Number. } 427 N Gilmor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 26 1907

AGE ... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robert A Hearn

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Ruth Heller

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert A Hearn

(Address) 427 N Gilmor

Filed 8/8 1907 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Aug 8 1907 that I last saw him alive on Aug 7 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 5½ DAYS

Contributory (Primary.) Inanition

(DURATION) 13 DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St

Date Aug 8 1907

Place of Burial Loudon Park

Date Aug 9 1907

Undertaker Joseph B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3543 Registered No. B C 3543 106

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)
114-16-18 W. Read adm.

Full Name Mrs Julia A. Aleany

{Residence, if in Baltimore, Give Street and Number.} 403 N. Mount

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug 3 1832

AGE: 75 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jno Bryan

BIRTHPLACE OF FATHER (State or country): Norfolk Va

MAIDEN NAME OF MOTHER: Wilhelmina Bryan

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine T. Muse

(Address) 817 N Arlington Ave

Filed 8/8 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Aug 7 1907 that I last saw her alive on Aug 7 1907, and that death occurred, on the date stated above, at 1.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Has had Chronic Diarrhoea for years

(DURATION) DAYS

Contributory (Primary.) Acute attack of Diarrhoea. (DURATION) 14 DAYS

(Signed) John A Evans M.D.

Address 101 N. Carey St

Date Aug 7, 1907, 190

Place of Burial Baltimore Cemetery

Date Aug 9th 190 7

Undertaker Geo W. J. Smith Co

Address 1000 W. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B C 3544

CERTIFICATE OF DEATH.

(Place of Death.) No. 1512 Druid Hill ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E. Tully

{Residence, if in Baltimore, Give Street and Number.} 1512 Druid Hill ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 15 1854

AGE: 52 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Patk J. Tully

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Finch

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. E. Wunder M.D.

(Address) Wilhelm Park

Filed

1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 7th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Aug 7th 1907 that I last saw him alive on Aug 7th 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 38 DAYS

Contributory (Primary.)

Chronic Bronchitis (DURATION) 58 DAYS

(Signed) Joseph E. Wunder M.D.

Address Wilhelm Park

Date August 7th 1907

Place of Burial St Peters Cem.

Date Aug 9th 1907

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — Registered No. B 3545

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sylvia Smeads

{Residence, if in Baltimore, Give Street and Number.} 1620 Brunt St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Halifax Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Unk

MAIDEN NAME OF MOTHER: Mary White

BIRTHPLACE OF MOTHER (State or country): Unk

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8 1907 HARRY G. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to Aug 6 1907

that I last saw h alive on Aug 6 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) DAYS

(Signed) R R Young M.D.

Address Bay View Hospl.

Date August 8 1907

Place of Burial Mt Auburn cem

Date aug 8 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B C 3546

81

CERTIFICATE OF DEATH.

(Place of Death.) No. The Emmet House, Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sophia C. Kelly

{ Residence, if in Baltimore, Give Street and Number. } 919 Cathedral St

Duration of Residence in Baltimore. Lifetime nearly C.3546

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 8th 1816

AGE: 90 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Probably Harford Co. Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Probably Harford Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) McHenry Howard

(Address) 919 Cathedral St. Balto.

Filed 8/8 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 — 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to Aug 7 1907

that I last saw h on alive on Aug 6 1907

and that death occurred, on the date stated above, at 3.45

9 M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Apoplexy

(DURATION) 3 DAYS

Contributory (Primary) Senile Asthenia

Sclerosis (DURATION) — DAYS

(Signed) M. D. Atkins M.D.

Address The Emmet House, Lafayette

Date August 7 1907

Place of Burial Loudon Park Cem

Date August 9th 1907 1907

Undertaker Henry W. Jenkins & Son Co

Address 300 Madison St cor Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3547 Registered No. B C 3547

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1529 McCulloh St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary O'Brien

{Residence, if in Baltimore, Give Street and Number.} 1529 McCulloh St

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 16th 1906

AGE: ..... years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Wm W O'Brien

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah M Dennis

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm W O'Brien

(Address) 1529 McCulloh St

Filed Aug 18 1907

HARRY C. ANDREWS, CHIEF CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7th 1907

I HEREBY CERTIFY, That I attended deceased from July 7th 1907 to July 7th 1907

that I last saw her alive on July 7th 1907

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis Catarrhal

(DURATION) Hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) H E Glover M.D.

Address 1501 Eager St

Date August 9th 1907

Place of Burial Mt Olivet

Date Aug 9th 1907

Undertaker Gilbert F Phillips

Address 1711 Eutaw

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 C 3548 Registered No. B

CERTIFICATE OF DEATH.

1054

Place of Death.) No. 1627 Vincent Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Henry Chestie Butler

{Residence, if in Baltimore, Give Street and Number.} 1627 Vincent Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henery Butler

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henery Butler

(Address) 1627 Vincent alley

Filed 8 8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 6 1907 that I last saw him alive on Aug 6 1907, and that death occurred, on the date stated above, at 3.25 P M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 1 DAYS

(Signed) Alex. J. Vontchik M.D.

Address 1656 N. Gilmor St.

Date Aug 6 1907

Place of Burial Mount Zion

Date August 8 1907

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 3 — C 3549 — Registered No. B C 3549 ✓ 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 317 ½ High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Dehlman

{Residence, if in Baltimore, Give Street and Number.} 317 ½ High St

Duration of Residence in Baltimore. 40

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 7th 1838

AGE 69 years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Draper

(Address) 317 S. High St.

Filed 8/8 190 7 Registrar

HARRY O. [illegible] PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 6 1907

that I last saw h[illegible] alive on Aug 6 1907,

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero + ad age

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. McCahan M.D.

Address 16 S. Broadway

Date Aug 7 1907

Place of Burial Western Cemetery

Date Aug. 8th 1907

Undertaker H. Sander Sons

Address 1710 Carlton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B C 3550

C 3550

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine V Lynch

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. I. Asy

Filed Aug 8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to Date 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address

Date Aug 7 1907

Place of Burial New Cathedral

Date Aug 8th 1907

Undertaker P Martin Fahey & Lowe

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3551 Registered No. C 3551

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St Vincents Infant Asy'l St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sr Ma Regina

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR

DATE OF BIRTH June 22 1907

AGE ..... years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. de Asy

Filed ..... 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date Aug 7 1907

Place of Burial New Cathedral

Date Aug 8th 1907

Undertaker Martin Gahagan Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3552 Registered No. B C 3552 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 629 S. Regester St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna Pasternak

{ Residence, if in Baltimore, Give Street and Number. } #1629 ~~S. Regester St~~ Lancaster St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bklyn.

FULL NAME OF FATHER: Nicklis Pasternak

BIRTHPLACE OF FATHER (State or country): Austria.

MAIDEN NAME OF MOTHER: Mary Sarofucha.

BIRTHPLACE OF MOTHER (State or country): Austria.

OCCUPATION OF DECEASED: Nicklis Pasternak.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 1629 Lancaster St

(Address) .....

Filed 8/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 8 1907 that I last saw her alive on Aug 8 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate) Inanition

Life-time (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) John H. Kehlberger M.D.

Address #1709 Alice Anna

Date Aug. 9th, 1907

Place of Burial St Stanislaus.

Date August 8. 1907

Undertaker M. F. Dadaske.

Address 703 S. Ann St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 3553 Registered No. B ..... C 3553

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 S. Ann St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Lasik

{Residence, if in Baltimore, Give Street and Number.} # 620 S. Ann St

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Peter Lasik.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Barbara Ramo.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Lasik.

(Address) 620 S. Ann St

Filed 8/8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 8 1907 that I last saw h im alive on Aug 7 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robert H. Rehberger M.D.

Address # 1709 Aliceanna St

Date Aug 8 1907

Place of Burial St Stanislaus

Date August 8" 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 3554 Registered No. B C 3554

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 1036 Argyle av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph S. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1036 Argyle av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 .....

AGE ..... — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph Thomas

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Jane Gough

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Gough

(Address) 1036 Argyle Ave.

Filed 8/8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

from birth (DURATION) ..... DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Log. Av. (Coroner)

Date Aug 9th 1907

Place of Burial Mt Auburn Cemetery

Date August 8th 1907

Undertaker Felix B Pye.

Address 1826 Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 3555 Registered No. B C 3555

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 2124 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Wadey

{Residence, if in Baltimore, Give Street and Number.} 2124 Division St

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married ~~Single~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Haney

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E Jarman

(Address) 2124 Division St

Filed 8/8 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

died Suddenly (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lucian Boardman M.D.

Address 700 Lafayette Ave (Eutaw)

Date Aug 7th 1907

Place of Burial Manaskon Wharf Lancaster Co Va

Date Aug 9th 1907

Undertaker Selph B Pye

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 3556 Registered No. B C 3556

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 127 S. Bond st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick G Purdy

{Residence, if in Baltimore, Give Street and Number.} 127 S. Bond st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred'k G. Purdy

(Address) 127 S. Bond st.

Filed 8/8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h— alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudlow Cornu M.D.

Address 320 E Lanvale St.

Date 190

Place of Burial Mt Carmel Cem.

Date Aug. 11 = 1907

Undertaker Windell Lipfert & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3557

Registered No. B

City of Baltimore, (No. 261 & 263 W. Bruce St.; 19th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edwin H. Dotterweich.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, ***within twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate stating, to the best of his knowledge, the name, sex, color, age, condition (whether married or single) of the person deceased, the date and cause of death, and the place of residence at the time of death, and, if possible, the place of birth; and

Ward 17th C 3558 Registered No. B C 3558

CERTIFICATE OF DEATH.

(Place of Death.) No. 442 E. Lenora St. 14

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John B. Dorman

{Residence, if in Baltimore, Give Street and Number.} 442 E. Lenora

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M. Male	White

DATE OF BIRTH: October 31 1832 1

AGE: 74 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Zacharia Dorman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Maria Sterger

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Dorman

(Address) 442 E. Cross St.

Filed Aug 8 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Aug 6 1907

that I last saw him alive on Aug 6 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 34 DAYS

Contributory (Primary.) Anemia & exhaustion (DURATION) 34 DAYS

(Signed) J. K. McElroy M.D.

Address 7 W. Lenora

Date Aug 8. 1907

Place of Burial U.S. National Cemetery

Date August 9 1907

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 3559 Registered No. B C 3559

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah L. Perry.

{Residence, if in Baltimore, Give Street and Number.} 308 N. Broadway

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 70 years, 0 months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Webster

(Address) 306 N. Broadway.

Filed 8/8 1907

HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH AUG 8 1907 190

I HEREBY CERTIFY, That I attended deceased from June 1 - 1907 to Aug. 8 - 1907 that I last saw h er alive on Aug. 7 - 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease, Mitral

Probably 1 year (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline St.

Date AUG 8 1907 190

Place of Burial Loudon Park

Date Aug 9 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3560 Registered No. B C 3560

118

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fred Hustung

{Residence, if in Baltimore, Give Street and Number.} 1315 E Baltimore St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR White
DATE OF BIRTH — 1	
AGE 22 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Grocer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8 1907

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 — 1907

I HEREBY CERTIFY, That I attended deceased from July 6 — 1907 to Aug 8 1907

that I last saw h im alive on Aug 8 1907

and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicemia

(Following Operation for appendicitis) a.s.o.

(DURATION) 32 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) W W Eaton M.D.

Address City Hospital

Date Aug 8 1907

Place of Burial Oak Lawn Cem

Date Aug 11 — 1907

Undertaker Wendell Dippel & Son

Address 330 S Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 3561 Registered No. B C 3561

114

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie L. Funk

{Residence, if in Baltimore, Give Street and Number.} 125 N. Glover St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 16 1861

AGE 46 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penna.

FULL NAME OF FATHER Geo. Walker

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Rachel J. Worthey

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel O. Funk

(Address) 125 N. Glover St

Filed 8/8 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7 1907

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to Aug 7 1907 that I last saw h— alive on Aug 7 1907, and that death occurred, on the date stated above, at 6 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) 4 DAYS

Contributory (Primary.) Cholecystitis

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Aug 7 1907

Place of Burial Trinity Cemetery

Date Aug 10 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH. C 3562

Registered No. B .....

City of Baltimore, (No. 2246 E. Chase St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis E. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1907 (Year)

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank Baker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Burke

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE AND BELIEF.

(Informant) Frank Baker

(Address) 2246 E. Chase St

Filed 8/9 1907 HARRY O. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 6 1907 that I last saw him alive on Aug 6 1907, and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 2 days

Contributory Indigestion

(DURATION) 3 days

(Signed) R. D. Davis M. D.

1907 (Address) 1507 N. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 9th 1907

UNDERTAKER: Geo M. Fink — ADDRESS: 811 N Wolfe

PERRY C. CULBRETH, PRINTER, BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 3563 Registered No. B C 3563

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Slevin

{ Residence, if in Baltimore, Give Street and Number. } 111 E Conth

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH June 9 1865

AGE 42 years ..... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patrick Devlin

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Thomas Hays

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/9 1907 HARRY G. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Aug 7 1907

that I last saw h in alive on Aug 7 1907, 5.30

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Emphysema

(DURATION) ..... DAYS

Contributory (Primary.) Pleurisy

Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date Aug. 8 1907

Place of Burial Holy Cross

Date Aug 16 1907

Undertaker Robt C Turnbull

Address 1742 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 3564 Registered No. B 3564

CERTIFICATE OF DEATH.

(Place of Death.) No. Bath Co Hospital St. 19

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E Colton

{Residence, if in Baltimore, Give Street and Number.} 2100 Guilford

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: June 10 1849

AGE: 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry N Bouhage Jr

(Address) 2103 E Madison

Filed 8/9 1907

HENRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 8 1907

that I last saw him alive on Aug 8 1907

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) 8 DAYS

Con'ributory (Primary.) Syphilis

(DURATION) 7 DAYS

(Signed) W H Welsh M.D.

Address City Hospital

Date Aug 8 1907

Place of Burial Bath Cemetery Co

Date Aug 9 1907

Undertaker Wolfe & Turnbull

Address #1742 N Edmondson

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3565 Registered No. B C 3565

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Wann

{Residence, if in Baltimore, Give Street and Number.} Sandusi St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Black.

DATE OF BIRTH 1

AGE 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M —

BIRTHPLACE (State or country) Md —

FULL NAME OF FATHER Abrahm Wann

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Anderson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ruth Hall

(Address) Falston Harford Md

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1907

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to Aug 7 1907

that I last saw h.. alive on Aug 7 1907

and that death occurred, on the date stated above, at 8

M. CAUSE OF DEATH (Secondary or Immediate.)

~~Tuberculosis~~ —

Heart disease —

(DURATION) 60 DAYS

Con'ributory (Primary.) Exhaustion.

(DURATION) 7 DAYS

(Signed) W W Sahm M.D.

Address City Hospital

Date Aug 7 — 1907

Place of Burial Falston Harford Co Md

Date August 9th 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 3566 Registered No. B C 3566 v

CERTIFICATE OF DEATH. 61

(Place of Death.) No. 1102 N Appleton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Leslie Eugene Coburn

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 8th 1906

AGE ..... years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER David E Coburn

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary E Wheeler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David E Coburn

(Address) 1102 N Appleton St.

Filed 8/9 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 7 1907

that I last saw h[illegible] alive on Aug 7 1907,

and that death occurred, on the date stated above, at 5

11. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

a few (DURATION) DAYS

Contributory (Primary.)

Enteritis (DURATION) DAYS

(Signed) P. L. Davis M.D.

Address 900 N. Fulton

Date Aug 8 1907

Place of Burial Mt Olivet Cemetery

Date August 9th 1907

Undertaker Wm. Lamb & Son

Address 1723 to 25 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 3567

City of Baltimore, (No. 1709, Bonnt St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alonzo Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: July (Month) 21 (Day) 1907 (Year)

AGE: — years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Silas Carter

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Millie Stewart

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 2005 Madison Ave.

Filed 8/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1907 to Aug. 8 1907

that I last saw h[illegible] alive on Aug. 8 1907,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 8 DAYS

Contributory

(DURATION) DAYS

(Signed) Alexius McClannan M. D.

Aug. 8 1907 (Address) 2005 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Hope Cemetery

DATE OF BURIAL: Aug 9 1907

UNDERTAKER: Fisher & Pyle

ADDRESS: 1026 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

157

CERTIFICATE OF DEATH.

C 3568

Registered No. B .....

City of Baltimore, (No. 1932 Montrose St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Delia Ripley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Aug (Month) 8 (Day) 1907 (Year)	
AGE: ..... years, ... months, 8 Days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Ripley	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mary Becker	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ripley

(Address) 1932 Montrose

Filed Aug 9 1907

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 8 1907

that I last saw her alive on Aug 8 1907,

and that death occurred, on the date stated above, at 8.15 P. M. The CAUSE OF DEATH was as follows:

Asphyxia Pallida

8 hrs after birth (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Joseph G Taylor M. D.

Aug 8 1907 (Address) 1901 N Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Aug 9 1907
UNDERTAKER	ADDRESS
C. F. McCormick	1729 W Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same [illegible] and the cause and date of death.

Ward.....

C 3569

Registered No. B..... C 3569

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Cordelia Oscar Burdette

{ Residence, if in Baltimore, Give Street and Number. } Baltimore Md

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 29 1907

AGE: — years, — months, 9 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Oscar Burdette

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Cordella Blaze

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O H Driver

(Address) Catonsville Md

Filed Aug 9 1907 Registrar

HARRY U. ... PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 7 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 7 1907

that I last saw h... alive on Aug 7 1907;

and that death occurred, on the date stated above, at 9 35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Aug 8 1907

Place of Burial Mt Auburn Md.

Date AUG 9 1907 190...

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, residence, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 3570 Registered No. B C 3570

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 Stafford Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence L Johnson

{ Residence, if in Baltimore, Give Street and Number. } 11 Stafford Lane

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH March 6 1907

AGE — years, 5 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Chas Johnson

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Sadonia Wilson

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Wilson

(Address) 11 Stafford Lane

Filed 8/9 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 8 1907 that I last saw h e r alive on Aug 8 1907 and that death occurred, on the date stated above, at 8 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarhoea

(DURATION) DAYS

Contributory (Primary) Diarhoea

~~Enteritis~~ (DURATION) 10 DAYS

(Signed) Geo Meade M.D.

Address 1903 W Balto St.

Date August 9 1907

Place of Burial Colored Oddfellows

Date August 9th 1907

Undertaker C. W. Dill.

Address 810 Fredk ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6th C 3571

Registered No. B C 3571 V

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2 N. Paturent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry D Schmidt

{Residence, if in Baltimore, Give Street and Number.} 2 N. Paturent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ecitg

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M Schmidt

(Address) 2 Paturent St

Filed 8/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7, 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to Aug 7 1907 that I last saw h ism alive on Aug 7 1907, and that death occurred, on the date stated above, at 6.50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

about 1 year (DURATION) DAYS

Contributory (Primary) Cardiac Exhaustion (DURATION) — DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date Aug 9, 1907

Place of Burial Trinity

Date Aug 11 1907

Undertaker P Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 3572 Registered No. B 3572

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 733 W. Vine st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Sarah Freeman

{Residence, if in Baltimore, Give Street and Number.} 733 W. Vine st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Aug 2. 1907

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country):

FULL NAME OF FATHER: William Freeman

BIRTHPLACE OF FATHER (State or country): Kent Co. Maryland

MAIDEN NAME OF MOTHER: Sarah Wooden Freeman

BIRTHPLACE OF MOTHER (State or country): Millsborough Del.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Morbury Child

(Address)

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 7 1907

I HEREBY CERTIFY, That I attended deceased from Birth 190 to Aug 7 1907

that I last saw h[illegible] alive on Aug 7 1907,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Herbert Bates M.D.

Address 622 W. Lombard

Date Aug 8 1907

Place of Burial Mt. Auburn

Date August 9 " 1907

Undertaker Robt. F. Parham & Co.

Address 1213 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

Registered No. B C. 3573

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 929 Mc Donough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Benda.

{ Residence, if in Baltimore, Give Street and Number. } 929 Mc Donough

C. 3573

Duration of Residence in Baltimore. 11 yr's.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 84 70 (See Book) years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Frank Benda

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Barbara Kvasek

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Benda.

(Address) 929 Mc. Donough

Filed 8/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1907

I HEREBY CERTIFY, That I attended deceased from July 3 1907 to Aug. 8, 1907

that I last saw h.. alive on .. 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) DAYS

Contributory, (Primary) Cardiac Exhaustion (DURATION) DAYS

(Signed) W. F. Kyle M.D.

Address 1004 Ostend Ave

Date Aug. 8 1907

Place of Burial Mt. St. Alphonsus

Date Aug. 10 1907

Undertaker Frank Brack

Address 1904 Eastern ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

GENERAL AFFIDAVIT.

F. P. Purnell Print. 224 N. Howard Street

State of Maryland, Baltimore City, to wit:

BE IT REMEMBERED, That this 14th day of August
A. D. 1907, before me, the subscriber, a Justice of the Peace
of the said State, in and for the City aforesaid, personally appeared
Dr William J Rysavek
and made oath in due form of law that

Mr. Joseph Benda died on the 8th of August. His age at death being 70 but on death certificate being given as 84. Mr Benda the mother in law

gone age.

William J Rysavek MD

City of Baltimore,
State of Maryland.
Subscribed and sworn to before
me this 14 day of August 1907

William McCauley JP

C-3573

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

10⁵ V

CERTIFICATE OF DEATH.

C 3574

Registered No. B .....

City of Baltimore, (No. 1730 Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Le Roy Timanus

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 11 1907 (Month) (Day) Year)

AGE: ..... years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: J.Howard Timanus,

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Lucy W.Price,

BIRTHPLACE OF MOTHER (State or country): Illionis

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J.H.Timanus,

(Address) 1730 N.Carey St.

Filed 8/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 7 1907 that I last saw him alive on Aug 7 1907, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Diarrhoea & Toxemia

(DURATION) 7 DAYS

Contributory Eclectic

(DURATION) 7 DAYS

(Signed) J. Frederick Little M. D.

Aug 8 1907 (Address) 1340 N. Monta Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore

DATE OF BURIAL: Aug.9 1907

UNDERTAKER: Geo.W.Little,

ADDRESS: 531 N.Fremont St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — C 3575 — Registered No. B C 3575

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 E. Lombard St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mendel Finn

{Residence, if in Baltimore, Give Street and Number.} 1125 E. Lombard St

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1834
AGE	73 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Russia.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Finn.

(Address) 2235 Division St.

Filed 8/9 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9th 1907

I HEREBY CERTIFY, That I attended deceased from April 13th 1907 to Aug 9th 1907

that I last saw him alive on Aug 7th 1907

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate

Chronic Nephritis
Asthmia.

(DURATION) DAYS

Contributory (Primary.) Cystitis

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 1616 W. Franklin St

Date Aug 9th 1907 1907

Place of Burial Hebrew Washington Rd

Date Aug 9 1907

Undertaker Max Levinson

Address 620 ma Eldersley St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 3 — 3576 — Registered No. B 3576

CERTIFICATE OF DEATH.

(Place of Death.) No. 1316 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Altshul

{Residence, if in Baltimore, Give Street and Number.} Avon

Duration of Residence in Baltimore. Life C 3576

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas Altshine

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Helen Adam

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Altshul

(Address) 1316 E Fayette st

Filed 8/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Aug 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the brain caused by falling from bed, an accidental

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Ichhart M.D.

Address 211 N. Lanvale St Coroner

Date Aug 9 th 1907

Place of Burial Roas Dale Cemetry

Date Aug 11 1907

Undertaker Max Levinson

Address 1620 W.c Eldersly st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

Registered No. B C 3577 ✓

C 3577

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 1439 Richardson St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anna Staffa

{ Residence, if in Baltimore, Give Street and Number. } 1439 Richardson St.

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 28 1907

AGE ..... years, ... months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER George Staffa

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Theresa Wilhelm

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Staffa

(Address) 1143 Richardson St

Filed

9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1907

I HEREBY CERTIFY, That I attended deceased from July 28 1907 to Aug 8 1907

that I last saw h[illegible] alive on Aug 7 1907

and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility (DURATION) 11 DAYS

Contributory (Primary.) Congenital malformation - born without radii & ulnae & hands (DURATION) [illegible] DAYS

(Signed) [illegible] M.D.

Address 1510 E. Fort Ave

Date Aug 8 1907

Place of Burial Holy Cross R.C.

Date Aug 8 + 1907

Undertaker Jos. Sturtebecker

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 3578 Registered No. B C 3578

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 809 N. Eutaw St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie V. Johnson

{Residence, if in Baltimore, Give Street and Number.} 809 N. Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles H. Mott

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Kate Morling

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robt Kasin

(Address) 809 N. Eutaw St

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 8 1907

that I last saw h— alive on Aug 7 1907

and that death occurred, on the date stated above, at —

A. M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatoid Arthritis

11 Yrs (DURATION) ~~DAYS~~

Contributory (Primary)

Diarrhoea (DURATION) 90 DAYS

(Signed) Danl Chatts M.D.

Address 112 Park Ave

Date Aug 9 1907

Place of Burial New Cathedral Cem

Date Aug 10th 1907 190

Undertaker Kelly Jenkins Furn Co

Address 320 W Madison St Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 3579 Registered No. B C 3579

CERTIFICATE OF DEATH.

(Place of Death.) No. 1133 Cleveland St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Marie Hlafka.

{Residence, if in Baltimore, Give Street and Number.} 1133 Cleveland st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Aug. 4. 1846
AGE	61 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignatius Hlafka

(Address) 1133 Cleveland St

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8. 1907

I HEREBY CERTIFY, That I attended deceased from June 9. 1907 to Aug 8. 1907

that I last saw h[illegible] alive on Aug 7 1907

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Herbert C. Blake M.D.

Address 1014 N Lafayette

Date Aug. 8. 1907

Place of Burial New Cathedral

Date Aug 9 1907

Undertaker Jas B Cook

Address 1003 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — Registered No. B 3580

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2000 E Federal St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Catherine Habricht

{Residence, if in Baltimore, Give Street and Number.} 2000 E Federal St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 17 1906

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Walter P. Habricht

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Margaret Griffin

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Habricht

(Address) 2000 E. Fed. St.

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Aug 8 1907 that I last saw h[illegible] alive on Aug 7 1907, and that death occurred, on the date stated above, at 8 a m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

Gastro enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 14 DAYS

(Signed) H. G. Bean M.D.

Address 714 E Preston St

Date Aug 8 th 1907

Place of Burial Cathedral Cemetery

Date August 9 th 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 3581 Registered No. B C 3581

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 N. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Luffsman

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 25 yrs ?

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1

AGE 54 years, 4 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) va

FULL NAME OF FATHER Ramsel Hall

BIRTHPLACE OF FATHER (State or country) va

MAIDEN NAME OF MOTHER dont no

BIRTHPLACE OF MOTHER (State or country) va

OCCUPATION OF DECEASED domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Luffsman

(Address) 215 N Conway St

Filed 8/9 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 8, 1907

I HEREBY CERTIFY, That I attended deceased from 1907 to 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Stomach from Heart Disease, natural at all, sudden.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D. coroner

Address 711 N. Conway

Date aug 9th 1907

Place of Burial mt auburn cem

Date augst 10 1907

Undertaker John H Baldwin

Address 142 N Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Y

HEALTH DEPARTMENT, CITY OF BALTIMORE.

118

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3582

City of Baltimore, (No. 119, Wilcom alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: Colerd

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): et

FULL NAME OF FATHER: henry Jackson

BIRTHPLACE OF FATHER (State or country): dont no

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): dont no

OCCUPATION OF DECEASED: domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) rosella Johnson

(Address) 583 Richard st

Filed 8/9 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug. (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from aug 5 1907 to ..... 190.....

that I last saw h ex alive on aug 5 1907,

and that death occurred, on the date stated above, at 10:30 P.M. The CAUSE OF DEATH was as follows: (aug 8)

Obscure believe it to have been Appendicitis. peritonitis temporary relief and advised her to go to Hospital (DURATION) ..... DAYS which she did not do. I have heard nothing from her since to (DURATION) ..... DAYS when informed of her death

Contributory .....

(Signed) ..... M. D.

aug 9 1907 (Address) 532 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn cem aug 9 1907

UNDERTAKER: John H Goodwin ADDRESS: 142 N. Hill

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

B

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

9003

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1008 Granby St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Esther Shad

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH — (Month) — (Day) 1819 Year)

AGE 88 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER Hirsch Shad

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER not known.

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Shad

(Address) 1008 Granby st.

Filed 8/9 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 7 1907 that I last saw her alive on Aug 7 1907, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Gastritis

(DURATION) 20 DAYS

Contributory old age

(DURATION) — DAYS

(Signed) W. Hirschmann M. D.

Aug 9 1907 (Address) 900 E. Balto st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Herr Rum Cemetery | DATE OF BURIAL Aug 9 1907

UNDERTAKER Max Levinson | ADDRESS 1621 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — C 3584 — Registered No. B C 3584 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 520 N Collington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catherine M S Weber

{ Residence, if in Baltimore, Give Street and Number. } 520 N Collington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 30 1907

AGE ..... years, 6 months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Otto E Weber

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mabel E Black

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Otto. E. Weber

(Address) 520 N. Collington Ave

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Aug 9 1907 that I last saw her alive on Aug 8 1907, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition
Convulsions
1 Week (DURATION) DAYS

Contributory (Primary) Convulsions (DURATION) DAYS

(Signed) J T Speckmall M.D.

Address 14 N Patterson Park Ave

Date Aug 9 1907

Place of Burial Baltimore Cemetery

Date August 1907

Undertaker Henry Hoeck & Son

Address 130 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

50

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3585

Registered No. B.....

City of Baltimore, (No. 1839 N Duncan St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henriette White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. (Month) 17 (Day) 1847 (Year)

AGE: 60 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Store Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry White

(Address) 1839 Duncan St.

Filed 8/9 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 7th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Aug 7th 1907 that I last saw h[illegible] alive on May 6th 1907, and that death occurred, on the date stated above, at 12.30 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Infection.

Exhaustion (DURATION) ..... DAYS

Contributory Diabetes

..... (DURATION) ..... DAYS

(Signed) E. L. Talbert M. D.

Aug 7 1907 (Address) 1419 E Eager

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: Aug 10 1907

UNDERTAKER: E. J. Fanning.

ADDRESS: 1938 E Lafayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — C 3586 — Registered No. B C 3586

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Euphemia Lester

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infl. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address) St. V. I. Asy.

Filed

Aug 9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from

.....1907 to 1907

that I last saw h..... alive on 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address .....

Date August 8 1907

Place of Burial New Cathedral Cem'y

Date 1907

Undertaker Marston-Dalrymple Co.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3587 Registered No. B C 3587 14

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy'l St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatius Berger

{Residence, if in Baltimore, Give Street and Number.} St Vincents Orph. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: ....years, ...months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): \

OCCUPATION OF DECEASED: \

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. A. Asy.

Filed 8/9 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

11. CAUSE OF DEATH (Secondary or Immediate)

Inanition

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) Patrick F Martin M.D.

Address .....

Date Aug 8 1907

Place of Burial New Cathedral

Date Aug 9th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 C 3588 Registered No. B C 3588

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 N. Wolf St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elnora C. Cunzeman

{Residence, if in Baltimore, Give Street and Number.} 1005 N. Wolf st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH October 29 1906

AGE ____ years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ____

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wm H. Cunzeman

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Minnie Streiter

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minnie Streiter

(Address) 1005 N. Wolf st

Filed Aug 9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to Aug 8 1907

that I last saw her alive on Aug 8 1907

and that death occurred, on the date stated above, at 2.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis Colitis

(DURATION) 20 DAYS

Contributory (Primary.) ____

Exhaustion (DURATION) 4 DAYS

(Signed) John T Avirett M.D.

Address 1823 Broadway

Date Aug 9 1907

Place of Burial Emmanuel Cemetery

Date AUG 10 1907 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 3589 Registered No. B C 3589

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1319 Chappel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Heck

{Residence, if in Baltimore, Give Street and Number.} 1319 Chappel St

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 24th 1907

AGE ..... years, 2 weeks, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Geo. L. Heck

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Emma Burgan

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Heck

(Address) 129 N. Chappel St

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Aug 8 1907 that I last saw h[illegible] alive on Aug 8 1907, and that death occurred, on the date stated above, at 4.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 14 DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) D. H. Carey M.D.

Address 1106 N Pattenson Park

Date Aug 8 1907

Place of Burial Baltimore Cemetary

Date AUG 9 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th — B 3590 — Registered No. B 3590

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 706 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladyslaw Swigoni

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: March 6th 1906

AGE: 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Martin Swigon

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ana Dziemik

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Swigon

(Address) 706 S. Broadway

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 8th 1907

I HEREBY CERTIFY, That I attended deceased from August 6 1907 to August 8 1907 that I last saw him alive on August 8 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 6 DAYS

Contributory (Primary.) Exhaustion (DURATION) 3 DAYS

(Signed) S. Szumalski M.D.

Address 722 S. Ann St

Date August 9 1907

Place of Burial Holy Rosary.

Date August 9 " 1907

Undertaker M. F. Dachowski.

Address 703. S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 3591 Registered No. B C 3591

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 2641 Hudson Hill St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hughes.

{ Residence, if in Baltimore, Give Street and Number. } 2641 Hudson Hill

Duration of Residence in Baltimore. 49 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Not known exactly 1

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: James Hughes

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Hallagan

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A V S Johnston

(Address) 2731 Huntingdon Ave

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 9- 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 8 1907

that I last saw him alive on Aug 8 1907,

and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmorrhage.

Noticeable about two weeks. (DURATION) DAYS

Contributory (Primary.) Paralysis of Asthenia (DURATION) DAYS

(Signed) Roscoe L Dixon M.D.

Address 213-N-25 St.

Date Aug 9- 1907

Place of Burial Holy Cross Cemetery

Date Aug 10 m 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3592 Registered No. B C 3592

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Valentin Firnstein

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1824

AGE: 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Firnstein

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Barbara Hahner

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts:

Filed 8/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him no record alive on 190

and that death occurred, on the date stated above, at 12.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Disease of Heart

Unknown (DURATION) DAYS

Contributory (Primary.)

(Died suddenly) (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Aug 8 1907

Place of Burial St Alphonsus

Date Aug 10 1907

Undertaker H. C. Windfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 3593 Registered No. B C 3593

CERTIFICATE OF DEATH.

150

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Place of Death.) No. 328 S. Dallas St.

Full Name George Trusty

{Residence, if in Baltimore, Give Street and Number.} 328 S. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH Aug 8th 1907

AGE 0 years, 0 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER George E Trusty

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Cora May

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant George E Trusty

Address 328 S. Dallas

Filed 8/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9th 1907 to Aug 9th 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital heart disease

(DURATION) 2 DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) J. L. Wimmer M.D.

Address 1733 Bank

Date Aug 9th 1907

Place of Burial Mt Zion

Date August 8-9 - 1907

Undertaker R A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 3594 Registered No. B C 3594

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Gerhart

{ Residence, if in Baltimore, Give Street and Number. } 1618 Hanover St

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 12 1833

AGE: 74 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Kientzler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Ernestine —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Gerhart

(Address) 1698 Hanover St.

Filed 8/4 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 1 1907 to Aug 7 1907

that I last saw h— alive on Aug 5 1907

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Epithelioma of Vulva

6 months (DURATION) ..... DAYS

Con'tributory (Primary.)

Asthenia (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Aug 8 1907

Place of Burial London Park Cemetery

Date Aug 10 1907

Undertaker Daniel and Margaret Flynn

Address 42 & West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 3595 Registered No. B C 3595

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 3rd Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Leslie Smith

{Residence, if in Baltimore, Give Street and Number.} 123 3rd Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 10 1906

AGE ..... years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Charles Smith

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Mary Baker

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James Baker

(Address) 123 3rd Ave

Filed 8/4 190.... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Aug 8 1907

that I last saw h... alive on Aug 4 1907, 4.30 P. M.

and that death occurred, on the date stated above, at 7 ....

CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Meningitis

(DURATION) 3 DAYS

Contributory (Primary.)

Entero-colitis (DURATION) 14 DAYS

(Signed) Geo. T. Thorsen M.D.

Address 421 Roland Ave

Date Aug 9th 1907

Place of Burial Finksburg Md

Date Aug 10 1907

Undertaker W. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3596 Registered No. B ..... C 3596

CERTIFICATE OF DEATH.

138

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie Long.

{ Residence, if in Baltimore, Give Street and Number. } 603 South Milton Ave

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1886

AGE 21 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Kerrue

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Andrews

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Adrew Long

(Address) 603 S. Milton Ave

Filed 8/9 1907 Registrar

HARRY D. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7: 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2: 1907 to Aug 7: 1907

that I last saw her alive on Aug 7: 1907, 5.10

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute nephritis complicating pregnancy + the puerperium

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Aug. 7: 1907

Place of Burial Mount Carmel Cem.

Date Aug. 10th 1907

Undertaker Germanus Thanz

Address 1 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3597 Registered No. B ..... C 3597

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 2320 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Wolfe

{Residence, if in Baltimore, Give Street and Number.} ~~Mary B Wolfe~~ 2320 Canton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 27 1900

AGE 6 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Wm H. Wolfe

BIRTHPLACE OF FATHER (State or country) Balto city

MAIDEN NAME OF MOTHER Annie Wenzel

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Wolfe Sr

(Address) 2320 Canton ave

Filed 8/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 8 1907 that I last saw h.. alive on Aug 8 1907, and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Ptomaine Poisoning

(DURATION) 1 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Dr A L Long M.D.

Address 2429 Fait ave

Date Aug 9 1907

Place of Burial London Park

Date Aug 10th 1907

Undertaker G. F. Crackert

Address 723 W. Lafayette ave

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3593 Registered No. B C 3593 14

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John King

{Residence, if in Baltimore, Give Street and Number.} Have de Grace Md.

Duration of Residence in Baltimore. 5 days

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: Black
DATE OF BIRTH: 1	
AGE: 24 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Aug 9 1907 Registrar

HARRY C. ARMSTRONG PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 8 1907 that I last saw h— alive on Aug 8 1907 and that death occurred, on the date stated above, at 8 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever.

(DURATION) 10 DAYS

Con'tributory (Primary.) Hemorrhage

(DURATION) 1 DAYS

(Signed) H H Eshen M.D.

Address City Hospital

Date Aug 8 — 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 9 - 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14

Ward 18 C 3599 Registered No. B C 3599

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 244 Rock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Meineke

{Residence, if in Baltimore, Give Street and Number.} 244 Rock St

Duration of Residence in Baltimore. 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH Mch 23 1907

AGE ..... years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Oscar W Meineke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Meyer

BIRTHPLACE OF MOTHER (State or country) Brooklyn New York

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr O.W. Meineke

(Address) 244 Rock St

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 8 1907 that I last saw h-- alive on Aug 7 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis - Colitis

Coma (DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) W Norwood M.D.

Address 934 W Fayette

Date Aug 8 1907

Place of Burial St Pauls Cem Balto

Date Aug 10 1907

Undertaker Wm Andrews Robertson

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 C 3600 Registered No. B C 3600

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Auppenley

{ Residence, if in Baltimore, Give Street and Number. } E. Pratt St.

Duration of Residence in Baltimore. Most of his life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: June 29 1856

AGE: 51 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widr

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Auppenley

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bishop

(Address) 1023 Myrtle Ave

Filed 8/9 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7-11 1907

I HEREBY CERTIFY, That I attended deceased from As Above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of base of Skull, accidentally fell White at home at Arlington. Balto Co.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Sebastian Coroner M.D.

Address 211 W. Lanvale

Date Aug 8-11 1907

Place of Burial London Park

Date Aug 10 1907

Undertaker Mrs Andrew Rohde Sons

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

State of Maryland Baltimore County to wit.

I hereby Certify that before me the Subscriber a Justice of the peace, of the State and County aforesaid personaly appeared, Carrie Bishop, of Baltimore County Maryland, And made Oath in due form of Law. That George Upperly, deceased who was a brother of the said Carrie Bishop, was Born on the 27th day June in the Year 1856. A. D. And I certify that the said Carrie Bishop, Also produced in evidence before me the record of said Birth contained in the Family register of the Bible

Given under my hand and seal this 11th. day of February. 1908

Joseph A. Neumayer J. P. Seal.

C 3600

DEPARTMENT OF AGRICULTURE
Washington, D. C.
To remove

Ward 11 C 3601 Registered No. B C 3601

CERTIFICATE OF DEATH. 64

(Place of Death.) No. 219 Richmond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Brisco

{Residence, if in Baltimore, Give Street and Number.} 218 Richmond St

Duration of Residence in Baltimore. Three years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Unknown 1	
AGE: 65 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Benjamin Hood	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Christiana Jackson	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Brisco

(Address) 218 Richmond St

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

died Suddenly (DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) Wm Blackwood M.D.

Address Two Lafayette Sq. (Courthouse)

Date Aug 9th 1907

Place of Burial Brandywine Prince George Co Md

Date August 10 — 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH.

Registered No. B.....

C 3602

OFFICIAL CERTIFICATE OF DEATH.

NO PERMIT FOR BURIAL CAN BE OBTAINED

105

CERTIFICATE OF DEATH.

Registered No. B C 3602

City of Baltimore, (No. 935, McDonough St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David McCormick

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: col.

DATE OF BIRTH: June (Month) 10 (Day) 1906 (Year)

AGE: ..... years, 1 months, 28 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew McCormick

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: .....

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew McCormack

(Address) 935 McDonough St

Filed Aug 9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Aug 8 1907

that I last saw her alive on Aug 8 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Cachexia

about one (DURATION) week DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Walter Sh McClain M.D.

Aug 9 1907 (Address) 1101 E Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Aug 10 1907

UNDERTAKER: R A Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 3603

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

166

CERTIFICATE OF DEATH.

C 3603

Registered No. B .....

City of Baltimore, (No. On Cars, between Mt. Washington & ... Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nancy Dutton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Colored | COLOR: Female

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Brooks

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lucy Burley

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dutton

(Address) 103 N. Carlton

Filed Aug 9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 7 1907

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 12.20 P. M. The CAUSE OF DEATH was as follows:

Crushed Chest & Thigh Accidentally Struck by Car on Mt. Washington Viaduct

..... (DURATION) ..... DAYS

Contributory ~~Burns & Hanging Suicide~~ ..... (DURATION) ..... DAYS

(Signed) Benj. V. Hopkins, Coroner M. D.

Aug 7 1907 (Address) 1216 N. Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: August 10 1907

UNDERTAKER: J A Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 3604 Registered No. B C 3604 169

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 Belt St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Thornton Fentress

{Residence, if in Baltimore, Give Street and Number.} 17 Belt St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH July 3 1906

AGE 1 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Peter Fentress

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Annie M Wilson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Peter Fentress

(Address) 17 Belt St

Filed 8/9 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to Aug 9 1907 that I last saw him alive on Aug 9 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dentition and Immediate cause was Collapse aided by the Extreme heat of last 2 days (DURATION) DAYS

Contributory (Primary.) Dentition (DURATION) 30 DAYS

(Signed) Haughton Baxley M.D.

Address Guilford Ave & 25th St

Date Aug 9/07 1907

Place of Burial Mt Auburn

Date August 10th 1907

Undertaker W A Elliott

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 3605 Registered No. B C 3605

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 434 W. Henriette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Walters

{ Residence, if in Baltimore, Give Street and Number. } 434 W. Henriette St.

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 15th 1825

AGE 82 years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gerhart Wesselmers

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Schnick

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F. Walters

(Address) 432 W. Henriette

Filed 8/10" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 27th 1907 to Aug 9th 1907 that I last saw her alive on Aug 8th 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paraplegia & Old Age

about 2 months (DURATION) ... DAYS

Contributory (Primary) Prostration (DURATION) 14 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St.

Date Aug 9th 1907

Place of Burial Baltimore Cem.

Date Aug 11th 1907

Undertaker Jas & Jno. John H. Teufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 8 C 3606 Registered No. B C 3606 34

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 N. Register St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adolph F. Burgemeister

{ Residence, if in Baltimore, Give Street and Number. } 1608 N. Register St.

Duration of Residence in Baltimore. 15 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Dec. 18 th 1838

AGE: 69 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Frederick Burgemeister

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul O. Burgemeister

(Address) 1602 N. Register St

Filed Aug 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9, 1907

I HEREBY CERTIFY, That I attended deceased from February 1907 to Aug. 9 1907

that I last saw him alive on Aug. 8 1907,

and that death occurred, on the date stated above, at 2.30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

(Sputum examined but no T. bacilli found)

Exhaustion due to a Diarrhoea probably Tuberculosis of the intestines (DURATION) one week DAYS

Contributory (Primary.) General Debility Tuberculosis, (DURATION) one year

(Signed) W. C. Sandrock M.D.

Address 1242 N. Broadway

Date August 9. — 1907.

Place of Burial Baltimore Cem.

Date August 11 1907

Undertaker A. Fink & Son

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3607 Registered No. B C 3607 9V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles t morgan

{ Residence, if in Baltimore, Give Street and Number. } E Arundel St E Sparrow Pt Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov 6 1847
AGE	59 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Enoch L Morgan
BIRTHPLACE OF FATHER (State or country)	Talbot Co.
MAIDEN NAME OF MOTHER	Laura V Plummer
BIRTHPLACE OF MOTHER (State or country)	Talbot Co
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas T Morgan

(Address) 1203 E. Fairfield Ave

Filed 8/10 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 8 1907 that I last saw h alive on Aug 8 1907, and that death occurred, on the date stated above, at 10 25 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute diphtheritic enteritis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S S Thomas M.D.

Address Johns Hopkins Hosp.

Date 8/9 1907

Place of Burial Oak Lawn

Date Aug 10 1907

Undertaker Robt T Turner

Address #1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3603 Registered No. B C 3608 118

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 N Chas & Sts, Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Myrtle Clyde Fredeway

{ Residence, if in Baltimore, Give Street and Number. } 2358 N Rose St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR White	DATE OF DEATH August 9 1907
DATE OF BIRTH May 1 1879	I HEREBY CERTIFY, That I attended deceased from August 6 1907 to August 9 1907
AGE 28 years, — months, — days	that I last saw her alive on August 9 1907 and that death occurred, on the date stated above, at 3:45 P. M.
SINGLE, MARRIED, WIDOWED OR DIVORCED	CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Balto	Pulmonary Embolism
FULL NAME OF FATHER —	
BIRTHPLACE OF FATHER (State or country) —	(DURATION) 3/4 DAYS
MAIDEN NAME OF MOTHER —	Contributory (Primary) General Peritonitis
BIRTHPLACE OF MOTHER (State or country) —	due to Ruptured Gall Bladder (DURATION) 4 DAYS
OCCUPATION OF DECEASED Housewife	(Signed) H. H. Hazen M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 1 N Chas & Sts Baltimore
(Informant) Howell A Fredeway	Date August 9 - 1907
(Address) 2358 Rose St	Place of Burial Baltimore
Filed 8/10 1907 Registrar	Date Aug 11 1907
HARRY C. ANDREWS, REGISTER OF WILLS	Undertaker Robert T Tunder
	Address #1424 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3609 Registered No. B 103 C 3609

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Wilson Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marguerite Kesterson

{ Residence, if in Baltimore, Give Street and Number. } 211 S. Caroline St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	December 22nd 1906
AGE	years, 7 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Grover H. Kesterson
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Alice E. Burke
BIRTHPLACE OF MOTHER (State or country)	Washington D. C.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grover H. Kesterson

(Address) 211 S. Carolinest

Filed 8/10 1907

Registrar

HARRY O. ANDREWS, PERFECT OF DEEDS

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7. 1907

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to Aug 7 1907 that I last saw her alive on Aug 7 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dyspepsia Diarrhea
Malnutrition.

One month. (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Henry L. Wallis M.D.

Address 906 Gorsuch Ave.

Date Aug 8. 1907

Place of Burial Mt Carmel Cem

Date August 10th 1907

Undertaker H. Sander & Sons

Address 1710 Canton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3610 Registered No. B ..... C 3610

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 114 W. 25th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L. Bosworth

{Residence, if in Baltimore, Give Street and Number.} 114 W. 25th St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 15th 1853

AGE 54 years, ~ months, 24 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED,~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William L. Wilcox

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Rose

BIRTHPLACE OF MOTHER (State or country) Isle of Guernsey

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family.

(Address) 114 W. 25th St.

Filed 8/10 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1896 ~~190~~ to Aug. 8th 1907

that I last saw her alive on Aug. 7th 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Myocarditis.

(DURATION) DAYS

Con'tributory (Primary) Depressed Typhoid's

Mid Sons. (DURATION) 10 DAYS

(Signed) H. A. Chambers M.D.

Address 10 N Fremont St

Date Aug 9th 1907

Place of Burial Greenmount Cemetery

Date August 11th 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3611

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3611

City of Baltimore, (No. Hotel Council St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Gould

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white.
DATE OF BIRTH	March 4 1860 (Month) (Day) (Year)
AGE	47 years, 6 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	William Taylor.
BIRTHPLACE OF FATHER (State or country)	England.
MAIDEN NAME OF MOTHER	Do not know.
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Gould

(Address)

Filed Aug 10 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 7th 1907 to Aug 8th 1907

that I last saw h[er] alive on Aug 8 1907,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

"Progressive paralysis" resulting from degeneration of cord - eventually reaching centre of respiration & producing asphyxia which caused death. (DURATION) four hours DAYS

Contributory Ascending degeneration of spinal cord - (DURATION) 3 Yrs DAYS

(Signed) M Bryland M. D.

Aug 9 1907 (Address) 604 N. Gilmor St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 10 1907
UNDERTAKER H. J. Tuckner & Son	ADDRESS Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 3612 Registered No. B C 3612

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1239 James St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arthur L. Griffith

{Residence, if in Baltimore, Give Street and Number.} 1239 James St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 2 1907

AGE: ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltr. Md

FULL NAME OF FATHER: Wm L. Griffith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Florence Chamberlain

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L. Griffith

(Address) 1239 James St.

Filed 8/10 1907 Registrar

HARRY G. ANDERSON PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1907 to August 8 1907

that I last saw him alive on August 8 1907

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute gastro-Enteritis

(DURATION) 6 DAYS

Con'ributory (Primary.)

Asthenia (DURATION) 2 DAYS

(Signed) A B Freeman M.D.

Address 668 Columbia ave

Date Aug 10th 1907

Place of Burial Elkridge Landing

Date Aug 10 1907

Undertaker Wm A Tichnor Sons

Address Camden & Pacca sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 3613 Registered No. BC 3613 ✓

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1823 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name C. Henry Dauerland

{Residence, if in Baltimore, Give Street and Number.} 1823 Jefferson St

Duration of Residence in Baltimore. 41 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	1
AGE	70 years, — months, — days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	C. H. Dauerland
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Compositor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bertha Dauerland

(Address) 1823 Jefferson St

Filed 8/10 1907 Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1907

I HEREBY CERTIFY, That I attended deceased from July 20th 1907 to Aug 8th 1907

that I last saw h[illegible] alive on Aug 8th 1907,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Boyer M.D.

Address 1809 Eutaw pl

Date Aug 9th 1907

Place of Burial Bolto Cem

Date Aug 12 1907

Undertaker Leuthold

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 6

C 3614

Registered No. B C 3614

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1749 E Olwer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Francis Robinson

{ Residence, if in Baltimore, Give Street and Number. } 1749 E Olwer St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Chas B Robinson

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Annie B Robinson

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Annie B Robinson

(Address) 1749 E Olwer St

Filed Aug 10 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from Mar 25 1907 to Aug 8 1907

that I last saw her alive on July 31 1907,

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (~~Secondary or Immediate~~)

Phthysis Pulmonalis

about 5 Mos (DURATION) ~~DAYS~~

Contributory (~~Primary~~)

Pleurisy (DURATION) DAYS

(Signed) D H Jones M.D.

Address 1501 N. Bond St.

Date Aug 10 1907

Place of Burial Greenmount Cemetery

Date August 11th 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 C 3615 Registered No. B C 3615 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 Ludlow St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie May Fletcher

{ Residence, if in Baltimore, Give Street and Number. } 1615 Ludlow St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH March 4th 1900

AGE 7 years, 5 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frederick M Fletcher

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Frederick M. Fletcher

(Address) 1615 Ludlow St.

Filed 8/10 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 9. 1907.

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Aug 9 1907.

that I last saw her alive on Aug 8 1907.

and that death occurred, on the date stated above, at 12.55 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. Edmond Smith M.D.

Address 538 Hanover St

Date 8/9/1907 1907

Place of Burial Cedar Hill

Date Aug 10th 1907

Undertaker Jos. Stanton & Son

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C. 3616 Registered No. B C 3615 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 N. Luzerne St ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah G. N. Clark

{Residence, if in Baltimore, Give Street and Number.} 218 N. Luzerne St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 19th 1906

AGE: — years, 8 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John E. Clark

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Sarah F. Brown

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E. Clark

(Address) 218 N. Luzerne St

Filed 8/10 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 9 1907 to Aug. 9 1907

that I last saw h— alive on Aug. 9 1907,

and that death occurred, on the date stated above, at 3

M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis — Asthenia

(DURATION) — DAYS

Contributory (Primary.) Entero-Colitis

(DURATION) 30 DAYS

(Signed) Geo. L. Watkins M.D.

Address 6 W. Bway

Date 190

Place of Burial New Cathedral Cem

Date August 11 1907

Undertaker Germanus Franco

Address Bantz & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 3617 Registered No. B 3617

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 Chesnut Hill Ave St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name William Crozier

{Residence, if in Baltimore, Give Street and Number.} 705 Chesnut Hill ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 88 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Scoggins

(Address) 705 Chesnut Hill ave

Filed 8/10 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 8th 1907

I HEREBY CERTIFY That I attended deceased from Aug 1907 to Aug 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart failure from old age Theat

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) J. D. Gelston Coroner M.D.

Address 211 W. Lanvale

Date Aug 8-07 190

Place of Burial Greenmount. Cem.

Date AUG 10 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 3618 Registered No. B ..... C 3618 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 2606 Fait Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Laura E Napierkowski

{ Residence, if in Baltimore, Give Street and Number. } 2606 Fait ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: John Napierkowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Don't Know.

BIRTHPLACE OF MOTHER (State or country): .. ..

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franzis Napierkowski

(Address) 2606 Fait Ave

Filed 8/10 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 8 1907 that I last saw him alive on Aug 7 1907, and that death occurred, on the date stated above, at 1140 A M. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia (DURATION) 10 DAYS

(Signed) August Hirn M.D.

Address 21 East 125 St

Date August 10 1907

Place of Burial St Stanislaus,

Date Monday Aug 12 1907

Undertaker M F Pachowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

8/10

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 3619 Registered No. B C 3619

151 L

CERTIFICATE OF DEATH.

(Place of Death.) No. 2602 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vlady Jan Kowiak

{Residence, if in Baltimore, Give Street and Number.} Balto

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 6th 1906

AGE: ..... years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Antoni Jan Kowiak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Sieres Kowiak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Jan Kowiak

(Address) 2602 Hudson St

Filed Aug 10 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 9th 1907

I HEREBY CERTIFY, That I attended deceased from August 7 1907 to August 7 1907

that I last saw h[illegible] alive on August 7 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dentition (DURATION) 40 DAYS

Contributory (Primary.)

Inanition (DURATION) 10 DAYS

(Signed) S. J. Szmurlo M.D.

Address 722 S. Ann St

Date August 10th 1907

Place of Burial St Stanislaus

Date Saturday Aug 10 1907

Undertaker M. F. Dashowski

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, birthplace, occupation, cause and date of death*** of the deceased, and the ***condition*** (whether married or single) of the person

Ward ..... C 3620 Registered No. B ..... C 3620

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 243 N. Preston St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name ..... John Harris

{ Residence, if in Baltimore, Give Street and Number. } ..... above

Duration of Residence in Baltimore. ..... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH ..... Jan 9th 1907

AGE ..... years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ..... " " —

BIRTHPLACE (State or country) ..... Balto cy.

FULL NAME OF FATHER ..... John Harris

BIRTHPLACE OF FATHER (State or country) ..... C V L

MAIDEN NAME OF MOTHER ..... Martha Hussey

BIRTHPLACE OF MOTHER (State or country) ..... C V L

OCCUPATION OF DECEASED ..... " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Martha Harris

(Address) ..... 243 N Preston

Filed ..... 190 7 Registrar

8/10

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Aug 9th 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Aug 9 1907 that I last saw him alive on Aug 9 1907, and that death occurred, on the date stated above, at 7.00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) ..... J. S. Fahrbach M.D.

Address ..... 211 N. Lanvale

Date ..... Aug 10th 1907

Place of Burial ..... Old Methodist

Date ..... Aug 10th 1907

Undertaker ..... Albert F Pulbin

Address ..... 1711 Md ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 3621 Registered No. B C 3621

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1926 Wilhelm St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geraldine E. Hartman

{ Residence, if in Baltimore, Give Street and Number. } 1926 Wilhelm St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Jany 1907

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Hugh Hartman

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Helen

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J J Fields.

(Address) 120 W Lombard St

Filed 8/10" 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 9 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to August 9 1907 that I last saw her alive on August 8 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro-Spinal Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 7 DAYS

(Signed) Mac Neill M.D.

Address 1315 Hollins St

Date August 10 1907

Place of Burial Balto Cem

Date Aug 11th 1907

Undertaker John J Fields

Address 120 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 3622 Registered No. B C 3622

99

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Eliz. Kaiser

{Residence, if in Baltimore, Give Street and Number.} 1411 Hulbrook St

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel Lyons

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mt Rowan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Kaiser

(Address) 1411 Hulbrook St

Filed 8/10" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 9 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to Aug 9 1907

that I last saw h alive on Aug 9 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Toxaemia

(DURATION) 30 DAYS

Contributory (Primary.) Abscess of Lung (DURATION) 40 DAYS

(Signed) J. J. O'Connor M.D.

Address St Joseph's Hosp

Date Aug. 9 1907

Place of Burial Holy Redeemer

Date 8/12 1907

Undertaker Wm J Schilling

Address 204 N Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3623 Registered No. B 3623

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 Hillman St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert M. Holtz

{Residence, if in Baltimore, Give Street and Number.} 902 Hillman St

Duration of Residence in Baltimore. 9 Mths

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: August 5, 1898

AGE: 9 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Wm. J. Holtz

BIRTHPLACE OF FATHER (State or country): St. Marys Co. Md.

MAIDEN NAME OF MOTHER: Jane Buckley

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Holtz

(Address) 902 Hillman St

Filed 8/11 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10, 1907

I HEREBY CERTIFY, That I attended deceased from July 8, 1907 to Aug 10, 1907 that I last saw h[illegible] alive on Aug 9, 1907, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Whooping Cough

(DURATION) 5 wks. DAYS

Contributory (Primary.) Exhaustion

(DURATION) 5 DAYS

(Signed) P. E. Lilly M.D.

Address 2001 Linwood St

Date August 10, 1907

Place of Burial Laurel

Date August 11 1907

Undertaker R. A. Collins

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3624 Registered No. B C 3624 105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Mount Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Bernard Wiener.

{Residence, if in Baltimore, Give Street and Number.} ± 602 Augusta St.

Duration of Residence in Baltimore. 2nd

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	W.

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Louis Wiener

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gussie Lichtein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) L. Wiener

(Address) 602 Lis Smith st

Filed 8/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 10th 1907

that I last saw h in alive on Aug 10th 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Ileo-colitis.

(DURATION) 3 weeks.

Contributory (Primary.)

(DURATION) ..... DAYS.

(Signed) J. Markus Jr. M.D.

Address 804 Cathedral St

Date Aug 10th 1907

Place of Burial Ham Run Cemetery

Date Aug 12, 1907

Undertaker Max Levinson

Address 1620 mc Elderry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — B 3625 — Registered No. B

CERTIFICATE OF DEATH.

64

(Place of Death.) No. ____ St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Ellen Scarborough

{ Residence, if in Baltimore, Give Street and Number. } 1200 Pennsylvania ave,

Duration of Residence in Baltimore. Whole Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1837

AGE ____ years, 10 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Lemuel Stewart

BIRTHPLACE OF FATHER (State or country) Howard County

MAIDEN NAME OF MOTHER Catharine Thompson

BIRTHPLACE OF MOTHER (State or country) York Penna

OCCUPATION OF DECEASED Florist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chas Lynbacle

(Address) Williamsport Pa

Filed 8/11 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10 - 1907

I HEREBY CERTIFY, That I attended deceased from July 19 - 1907 to Aug 10 1907 that I last saw h a alive on Aug 9 - 1907, and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Rupture of Cerebral Aneurism and coma, about 20 hours (DURATION) ____ DAYS

Contributory (Primary.) Aneurism R. Subclavian artery paralitic

several years (DURATION) ____ DAYS

(Signed) Carlton M Cook M.D.

Address 1101 W Lanvale St.

Date Aug. 10 - 1907

Place of Burial Loudon Park

Date Aug 13th 1907

Undertaker Geo Rossell

Address 1442 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th — C 3626 — Registered No. B C 3626

14 C

CERTIFICATE OF DEATH.

(Place of Death.) No. 1903 Bank St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Yaeger.

{Residence, if in Baltimore, Give Street and Number.} 1903 Bank St.

Duration of Residence in Baltimore. about 60 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Feb. 20 1828
AGE	79 years, 5 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Yaeger

(Address) 1933 E. Jefferson St

Filed 8/11 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11th 1907

I HEREBY CERTIFY, That I attended deceased from February 1st 1907 to aug 10th 1907 that I last saw h[illegible] alive on aug 10th 1907, and that death occurred, on the date stated above, at 3.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentary

about 2 weeks (DURATION) DAYS

Contributory (Primary.) old age

~~Tuberculosis~~ weakness incident (DURATION) DAYS

(Signed) R. T. Hardy M.D.

Address 1902 Bank St

Date August 11th 1907

Place of Burial St. Mathews Cem.

Date August 13th 1907

Undertaker Germanus France

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 — C 3627 — Registered No. B C 3627

CERTIFICATE OF DEATH. 105

(Place of Death.) No. 5-5-2 St Mary's Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of H. & S. McCarty

{Residence, if in Baltimore, Give Street and Number.} 3-5-2 St Mary's Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 20 1907

AGE X years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Harry McCarty

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Katie Hurley

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie McCarty

(Address) 2043 St. Lafayette Ave

Filed 8/11 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10th 1907

I HEREBY CERTIFY, That I attended deceased from .....1907 to 1907

that I last saw h..... alive on 1907

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Cyanosis

(DURATION) 7 DAYS

Con'tributory (Primary.) Cyanosis

Infantum (DURATION) ..... DAYS

(Signed) Lilian Baltzell M.D.

Address 700 Laf. Av. (Comm.)

Date Aug. 10th 1907

Place of Burial Western Cemetery

Date August 12 1907

Undertaker Jacob Whorisco

Address 715 Monument St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C. 2428

154

3623

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 203 E. Montgomery St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dolly Carver

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: ..... (Month) — (Day) 1837 (Year)

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Carver

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Carver.

(Address) 302 Montgomery.

Filed 8/11 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to July 28 1907 that I last saw h-er alive on July 28 1907, and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Edema

(DURATION) 15 DAYS

Contributory Senility, Weakened Heart, Ascites (DURATION) 8 Mo. DAYS

(Signed) Le. M. Brannin M. D.

Aug 10 1907 (Address) 400 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Marion. Somerset Co Md

DATE OF BURIAL: Aug 11 1907

UNDERTAKER: E J Fanning

ADDRESS: 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Marion Somerset Co Md

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 3629 — Registered No. B C 3629

CERTIFICATE OF DEATH.

106 W

(Place of Death.) No. 808 S. Milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Kurowski

{Residence, if in Baltimore, Give Street and Number.} 808 S. Milton ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 94 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Labor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Kurowski.

(Address) 808 S. Milton Ave

Filed 8/11 190 7 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 9 190 7

I HEREBY CERTIFY, That I attended deceased from aug - (190) to Aug 9 190 7 that I last saw h in alive on aug 8 190 7, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) DAYS

Contributory (Primary.) asthenia (DURATION) 7 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave

Date aug - 10 190 7

Place of Burial Holy Rosary.

Date Sunday Aug 11 190 7

Undertaker M. S. Dakowski.

Address 703 S. Amity St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 3630 Registered No. B C 3630

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 934 East ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Smith

{Residence, if in Baltimore, Give Street and Number.} 934 East ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 19th 1828

AGE 80 years, 5 months 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David M. Smith

(Address) 934 East Ave.

Filed 8/11" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Aug 8 1907 that I last saw h.. alive on Aug 8 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (DURATION) — DAYS

Contributory (Primary.)

Chronic Nephritis (DURATION) unknown DAYS

(Signed) M J. McAvoy M.D.

Address 839 S. Canton Ave.

Date Aug 10 1907

Place of Burial Mt. Carmel Cem.

Date Aug. 11" 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue.
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 3631 Registered No. B C 3631

CERTIFICATE OF DEATH. 1251

(Place of Death.) No. 2928 Elliot St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Ella Sisson

{Residence, if in Baltimore, Give Street and Number.} 2928 Elliot St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 12th 1907

AGE ..... years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Sisson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Roxey Nelson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roxey Sisson

(Address) 2928 Elliott St.

Filed 8/11" 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1907 to Aug 9th 1907 that I last saw h[er] alive on Aug 9th 1907, and that death occurred, on the date stated above, at 5 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia o Exhaustion

(DURATION) DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) DAYS

(Signed) Herman J. Guerney M.D.

Address 1937 Eastern Ave.

Date Aug 10th 1907

Place of Burial Mt. Carmel Cemetery

Date Aug 11" 1907

Undertaker H. SANDER & SONS, 1708-1710 Canton Avenue,

Address S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3632 Registered No. B C 3632

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1622 Brunt Pl, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H Williams

{Residence, if in Baltimore, Give Street and Number.} 1622 Brunt Pl.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE ..... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jno Williams

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nellie Davis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Williams

(Address) 1620 Brunt st

Filed 8/11 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Aug 8 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Aug 8 1907

that I last saw him alive on Aug 8 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Drainhorn

(DURATION) 14 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Irvin Ebaugh M.D.

Address 1201 Pa ave

Date Aug 11 1907

Place of Burial Cut anburn

Date Aug 11 1907

Undertaker Wm J Johnson

Address 614 Baker st

HARRY C. ANDREWS PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3633

City of Baltimore, (No. 15 (Lois) Lauers Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henri Scozan (Scoggins)

PERSONAL AND STATISTICAL PARTICULARS

SEX Femail | COLOR Colered

DATE OF BIRTH — — 1
(Month) (Day) Year)

AGE 80 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Carey

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Kate Carey.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Lemonsket

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Johnson

(Address) 15 Lauers Lane

Filed 8/11" 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to Aug 8 1907 that I last saw h[illegible] alive on Aug 8 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

old age 10 mos
(DURATION) DAYS

Contributory
(DURATION) DAYS

(Signed) Geo. E M. Kieffer M. D.

Aug 11 1907 (Address) 1411 Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Gilbert Cattes Vill. | DATE OF BURIAL Aug 12 1907

UNDERTAKER Wm J. Johnson | ADDRESS 614 Baker st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 3634 Registered No. B C 3634

CERTIFICATE OF DEATH.

14 ✓

(Place of Death.) No. Bay View Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Goldberg.

{Residence, if in Baltimore, Give Street and Number.} 600 Aisquith st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: 4 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Sol Goldberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Pomerance

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Bollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/11 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th 1907

I HEREBY CERTIFY, That I attended deceased from ~~Aug 6th~~ 1905 to Aug 10th 1907 that I last saw h~~i~~m alive on Aug 10th 1907, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary ~~or Immediate~~)

Due to exhaustion

(DURATION) DAYS

Contributory (Primary.) Acute dysentery

(DURATION) 3 DAYS

(Signed) R R Vonin M.D.

Address

Date 190

Place of Burial Herring Run Cemetery

Date Aug 11, 1907

Undertaker Mary Levin

Address 1620 McElderry st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 — HEALTH DEPARTMENT, CITY OF BALTIMORE — Registered No. B C 3635

CERTIFICATE OF DEATH. 1664

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Hammond

{Residence, if in Baltimore, Give Street and Number.} 1411 W. Royal ave.

Duration of Residence in Baltimore. 9 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): U. S.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Henry Marchant

(Address) 1411 W. Royal ave.

Filed Aug 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 9 1907

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock — accidentally Struck by Electric Car. Fract. Pelvis — Comminuted Head & Thigh (DURATION) ..... DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) Benj. D. Hayden M.D.

Address 124 N. Caroline St.

Date Aug. 11 1907

Place of Burial Loudon Park

Date Aug 12 1907

Undertaker Jacob Ahrens

Address 10 & 12 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Registered No. B C 3636

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm C. Hall

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: June 1 1907

AGE: — years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed Aug 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug. 10 1907 that I last saw h[im] alive on Aug. 9 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Aug. 11 1907

Place of Burial Cathedral Cemetery

Date Aug 12 1907

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B C 3637

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 1800 Harmonsby Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Neary

{Residence, if in Baltimore, Give Street and Number.} 1800 Harmonsby Ave.

Duration of Residence in Baltimore. about 50 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH about 1844

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Wm McGuigan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) — do —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. J. McHugh

(Address) 1800 Harmonsby Ave.

Filed Aug 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 9 1907 that I last saw h.e alive on Aug 9 1907, and that death occurred, on the date stated above, at 12:35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatic fever

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rusk M.D.

Address 2000 E. Baltimore St.

Date Aug 11 1907

Place of Burial Cathedral Cem.

Date August 12 1907

Undertaker John A. Davis

Address 220 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91 ✓

CERTIFICATE OF DEATH.

Registered No. B 3633

City of Baltimore, (No. 911 E. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marcus Silberman

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~:

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Haron Silberman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Shapiro

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Silberman

(Address) 911 E. Fayette St

Filed Aug 12 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to Aug 9 1907 that I last saw h.im alive on ..... 1907, and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

Six Years (DURATION) — DAYS

Contributory Angiosarca

2 months (DURATION) ..... DAYS

(Signed) A. J. Freedlander M. D.

8/11 1907 (Address) 918 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Aug 12 1907

UNDERTAKER: Max Denison

ADDRESS: 1620 ne Eldorado St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 3

Registered No. B C 3639

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 E. Lombard St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dobie Colodnick

{ Residence, if in Baltimore, Give Street and Number. } 917 E. Lombard St

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH March 1907

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Morris Colodnick

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ester Hampel

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Colodnick

(Address) 917 E Lombard st

Filed Aug 2 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug. 10 1907 that I last saw h.er alive on Aug 10 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Balto. St

Date Aug 11 1907

Place of Burial Rosedale Cemetery

Date Aug 12, 1907

Undertaker Mary Lennon

Address 620 nc Eldersley st

Filed Aug

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — C 3640 — Registered No. B C 3640

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 1827 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian Kleidel

{Residence, if in Baltimore, Give Street and Number.} ~~X~~ 1827 E. Lombard St.

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Reinhardt

(Address) 1829 E. Lombard st

Filed 8/12" 190 7 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10" 1907

I HEREBY CERTIFY, That I attended deceased from December 1906 to Aug 8 1907, that I last saw h~~im~~ alive on Aug 8 1907, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

9 months (DURATION) DAYS

Contributory (Primary.) Toxaemia

(DURATION) 4 DAYS

(Signed) Alfred Allman M.D.

Address 926 N. Broadway

Date August 11 1907

Place of Burial Holy Redeemer

Date Aug. 12" 1907

Undertaker Kendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — C 3641 — Registered No. B C 3641

CERTIFICATE OF DEATH.

120

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Reynolds

{Residence, if in Baltimore, Give Street and Number.} 502 So. Dallas St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 43 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ M.

BIRTHPLACE (State or country) D.C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) D.C.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) D.C.

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Ricke

(Address) 1510 Carlton Ave.

Filed 8/12" 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 10 1907

that I last saw h alive on Aug 10 1907

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.) Pyelitis

~~Nephritis~~ (DURATION) ~~DAYS~~

(Signed) Geo. L. Pfluger M.D.

Address St. Joseph's Hosp.

Date Aug. 10, 1907

Place of Burial ~~St. Paul's Cem.~~ M.E.

Date Aug. 12 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

106

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3642

City of Baltimore, (No. 1854 N. Gay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E Rodler

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH June 11 1904 (Month) (Day) (Year)

AGE 3 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Bernhardt Rodler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Kiekler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Rodler

(Address) 1854 N. Gay St

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 10 1907

that I last saw h[illegible] alive on Aug 9 1907,

and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Acute Colitis

(DURATION) 12 DAYS

Contributory Asthenia

(DURATION) 5 DAYS

(Signed) H Monroe M. D.

Aug 10 1907 (Address) 739 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Redeemer Cemetery | DATE OF BURIAL Aug 12 1907

UNDERTAKER Henry Hoeck & Son | ADDRESS 1201 E. Eager St.

MARRY ST. ANDREWS CLERK

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 3643 — Registered No. B C 3643

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1824 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence A. Magruder

{ Residence, if in Baltimore, Give Street and Number. } 1824 E. Madison St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 19th 1907

AGE: ..... years, 5 months, 22 days

SINGLE, ~~MARRIED~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William H. Magruder

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret Blum

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1824 E Madison St.

Filed 8/12" 1907 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 11 1907 that I last saw h..... alive on Aug 10 1907, and that death occurred, on the date stated above, at 7.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

(DURATION) 3 DAYS

Contributory (Primary.) Intussusception

(DURATION) 1 DAYS

(Signed) F. S. Gibney M.D.

Address 132 E. Saratoga St.

Date Aug. 11 1907

Place of Burial Holy Redeemer Cemetery

Date Aug. 12th 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C 3644 — Registered No. B C 3644 — 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Warren Adele Crowther

{ Residence, if in Baltimore, Give Street and Number. } 311 S. Stricker St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: April 8th 1903

AGE: 4 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Theodore J Crowther

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lillie May Boyer

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie May Crowther

(Address) 311 S. Stricker St

Filed 8/12" 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9 1907 to Aug 9 1907 that I last saw her alive on Aug 9 1907, and that death occurred, on the date stated above, at 7.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion & Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. F. Smith M.D.

Address 1628 W Lexington

Date Aug 9th 1907

Place of Burial London Park Cem.

Date August 12th 1907

Undertaker Wm J Crothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 C 3645 Registered No. B C 3645

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1332 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine E. McCoy.

{ Residence, if in Baltimore, Give Street and Number. } 1332 Sargeant.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wht

DATE OF BIRTH: 1

AGE: — years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: David J McCoy

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary E Foot

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E McCoy

(Address) 1332 Sargeant

Filed 8/12" 1907

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 10 1907

that I last saw her alive on Aug 10 1907,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

(DURATION) 1 DAYS

Contributory (Primary) Eclampsia (DURATION) 6 DAYS

(Signed) Edw Gracampe M.D.

Address 517 Scott St

Date Aug 11 — 1907

Place of Burial Lauderdale Park

Date Aug 12 1907

Undertaker David McLean Co

Address 833 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3646

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3646

Registered No. B.....

St Frances Convent No 506

City of Baltimore, (No. Forrest & E. Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cornelia Collins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Sept (Month) 27 (Day) 1899 (Year)

AGE: 7 years, 11 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Norfolk, Va.

FULL NAME OF FATHER: Alfred Collins

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Mary Hodges

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Irmina RC

(Address) St. Frances Convent

Filed Aug 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 10th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Aug 1907

that I last saw her alive on Aug 10th 1907,

and that death occurred, on the date stated above, at 6.30 P.M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 2 DAYS

Contributory Tuberculosis.

6 mos (DURATION) ..... DAYS

(Signed) Mary F Coughlin M. D.

Aug 11. 1907 (Address) 1028 Kelly St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: 12 Aug 1907

UNDERTAKER: Edward F Byrne

ADDRESS: 302 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 3647 Registered No. B C 3647

CERTIFICATE OF DEATH.

(Place of Death.) No. 2331 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Culbertson

{Residence, if in Baltimore, Give Street and Number.} 2331 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 10th 1882

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Max M Hecklen

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Minna Rinner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Hecklen

(Address) 2331 Hanover St

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9th 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug 1st 1907 that I last saw her alive on Aug 1 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) ... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ... DAYS

(Signed) Edw Greenspun M.D.

Address 517 Lexington

Date Aug 11th 1907

Place of Burial Schwartzer Cemetery

Date Aug 12th 1907

Undertaker Geo. Bentz

Address 554 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 3648 Registered No. B C 3648

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 739 35th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James H Fales

{Residence, if in Baltimore, Give Street and Number.} 739 35th st

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 11th 1836

AGE: 71 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): St. M.

FULL NAME OF FATHER: Jabez Fales.

BIRTHPLACE OF FATHER (State or country): St. M.

MAIDEN NAME OF MOTHER: Ruth Miller

BIRTHPLACE OF MOTHER (State or country): St. M.

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura G. Fales

(Address) 739 35th st.

Filed 8/12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Aug 11 1907 that I last saw him alive on Aug 11 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (DURATION) 3 DAYS

Contributory (Primary.)

Cerebral Hemorrhage (DURATION) 70 DAYS

(Signed) S Swartz M.D.

Address 765 - 3rd ave

Date Aug 11 1907

Place of Burial Long Green Md

Date AUG 14 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 3649 Registered No. B C 3649

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1507 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Franklin Strohminger

{ Residence, if in Baltimore, Give Street and Number. } #1507 N. Carey St.

Duration of Residence in Baltimore. Five days

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Aug 8th 1907
AGE	..... years, ... months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto- Md
FULL NAME OF FATHER	Franklin Strohminger
BIRTHPLACE OF FATHER (State or country)	Balto- Md
MAIDEN NAME OF MOTHER	Gertrude Sears
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin Strohminger

(Address) 1502 N. Carey St.

Filed Aug 8 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Aug 12th 1907 that I last saw h~~im~~ alive on Aug 12th 1907, and that death occurred, on the date stated above, at 7-20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Enteritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. L. Bode, M.D.

Address 1900 Maryland Ave

Date Aug 12 1907

Place of Burial Western Cemetery

Date Aug 12 1907

Undertaker Geo. Peter

Address 1157 W Carey 26

WM. J. C. DULANY CO., BALTIMORE.

Ward VII

Registered No. B C 3650

C 3650

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie R. Graham

{ Residence, if in Baltimore, Give Street and Number. } 1520 Presstman st

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Holyday, Supt.

(Address) Edmondson Ave. Supt.

Filed 8/12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8. 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to Aug 8 1907

that I last saw her alive on Aug 8 1907

and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilitation

(DURATION) 2 DAYS

Con'ributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) W M Cummings M.D.

Address Bay View Asylum

Date August 8. 1907

Place of Burial Mt. Olivet Cem

Date Aug 12th 1907

Undertaker Saml. H. Chase & Son

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3651

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3651

Registered No. B .....

City of Baltimore, (No. 1132 E. Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alfred Garlick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Edw. Garlick

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bell Garlick

(Address) 1132 E Lexington

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 8 (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 8/11 1907 to 8/11 1907

that I last saw him alive on 8/11 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

Several years (DURATION) ..... DAYS

Contributory Uraemic Coma

(DURATION) — DAYS

(Signed) E. C. Kelly M. D.

8/11 1907 (Address) 116 W. Saratoga St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: not authorized

DATE OF BURIAL: 8/12 1907

UNDERTAKER: John H Stadden

ADDRESS: 143 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 7

C 3652

Registered No. B C 3652

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1350 Cleveland St. St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Geo. Washington

{Residence, if in Baltimore, Give Street and Number.} 1350 Cleveland St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): California

FULL NAME OF FATHER: Albert Washington

BIRTHPLACE OF FATHER (State or country): Tenn.

MAIDEN NAME OF MOTHER: Celia Edwards

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia Washington

(Address) 1350 Cleveland St

Filed 8/12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1907, at 11 a.m. to Aug. 11 1907.

that I last saw h[illegible] alive on Aug 11 1907.

and that death occurred, on the date stated above, at 11:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

accidentally fell

Concussion of Brain Fall on his head from 2nd Story window to pavement (DURATION) 3 DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) — DAYS

(Signed) C. L. Nuckols M.D.

Address 504 S. Paca St

Date Aug 11th 1907

Place of Burial Mt Auburn

Date Aug 13 1907

Undertaker Jno. H. Toadvine & Sons

Address Westfield

O K & Transportation Permit

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of

Ward 22 C 3653 Registered No. B C 3653

CERTIFICATE OF DEATH.

81

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Holmes

{ Residence, if in Baltimore, Give Street and Number. } 235 W Henrietta St

Duration of Residence in Baltimore. 13 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1867

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Martin Holmes

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Harriett Cannon

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to Aug 10 1907

that I last saw h im alive on Aug 10 1907,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) ..... DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) ..... DAYS

(Signed) R R Vonus M.D.

Address Bay View Hospital

Date Aug 10 1907

Place of Burial Mt Auburn

Date Aug 13 1907

Undertaker Jno H. Toadvine

Address 142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 16 C 3654 Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 W. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Holland

{Residence, if in Baltimore, Give Street and Number.} 803 W Franklin St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Aug — 1860

AGE 47 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Prince Geo Co

FULL NAME OF FATHER Edward Holland

BIRTHPLACE OF FATHER (State or country) Prince Geo Co Md

MAIDEN NAME OF MOTHER Ellen Watkins

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Butler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother in Law

(Address) .....

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10th 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to Aug 9 1907

that I last saw him alive on Aug 9 1907

and that death occurred, on the date stated above, at 3 45 M. a m

CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 30 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. C. Morton M.D.

Address 638 N Hilmon

Date Aug 10th 1907

Place of Burial Mt Auburn

Date Aug 12 1907

Undertaker Frost & Toadvine

Address 142 W. Hill

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 3655 Registered No. B C 3655 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 3017 St Paul St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Austin McComas

{ Residence, if in Baltimore, Give Street and Number. } 3017 St Paul St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 25 1906

AGE ..... years, 9 months, 16 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J. A McComas

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mae Fatel

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A McComas

(Address) 3017 St Paul St.

Filed 8/12 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Aug 10 1907 that I last saw him alive on Aug 10 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 13 DAYS

(Signed) W D Booker M.D.

Address 218 W Monument St

Date Aug 10. 07 190

Place of Burial Druid Ridge

Date August 12 1907 190

Undertaker Henry M. Jenkins Sons Co

Address Howard & Madison St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore

C 3655

Registered No. B C 3656

Ward 13

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 Newington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Elizabeth Clarke

{Residence, if in Baltimore, Give Street and Number.} 717 Newington Ave

Duration of Residence in Baltimore. 43 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH June 21 1834

AGE 73 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow of Wm. Whitelock Clarke

BIRTHPLACE (State or country) Vermont. (Orwell)

FULL NAME OF FATHER Aaron Angier

BIRTHPLACE OF FATHER (State or country) Walpole, New Hampshire

MAIDEN NAME OF MOTHER Eliza Lajeune Luther

BIRTHPLACE OF MOTHER (State or country) Berkshire, Vermont

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Addison H. Clarke

(Address) 717 Newington Ave

Filed 8/12 1907

HARRY C. ANDR[illegible]
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 11 1907 that I last saw h[illegible] alive on Aug 10 1907, and that death occurred, on the date stated above, at 11[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis,

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. Muslow M.D

Address 1900 Mt Royal Ter

Date Aug 12th 1907

Place of Burial Gr E Greenmount

Date Aug 12th 1907

Undertaker Hemsley Bros Co

Address 308 N Madison St Or Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 3657 Registered No. B 3657

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 748 Secondave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fair C. E. Riley

{Residence, if in Baltimore, Give Street and Number.} 748 Secondave,

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 22 1907

AGE 21 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Hampton Va.

FULL NAME OF FATHER James W.

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Florence A. Hurst

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F H Riley

(Address) 748 Secondave.

Filed Aug 12 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 1907

I HEREBY CERTIFY, That I attended deceased from May 10 1907 to Aug 10 1907 that I last saw h[illegible] alive on Aug 10 1907 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

3 months (DURATION) DAYS

Con'tributory (Primary.)

Diarrhoea (DURATION) 30 DAYS

(Signed) A Revanz M.D.

Address 765 - 3rd ave

Date Aug 10 " 1907

Place of Burial St. Marys Hampden

Date Aug 12 " 1907

Undertaker Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City [illegible]

Ward 10 — C 3658 — Registered No. B C 3658

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 McCleary Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Lottie & William Balland

{ Residence, if in Baltimore, Give Street and Number. } 830 McCleare Court

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: Black -

DATE OF BIRTH: August 10th 1907 1

AGE: - years, - months, 1/24 hour - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: -

BIRTHPLACE (State or country): Balto. Maryland.

FULL NAME OF FATHER: William Balland.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Lottie Green -

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 10 1907 — HARRY C. ANDR PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 10th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 10 1907 that I last saw h[illegible] alive on Aug 10 1907, and that death occurred, on the date stated above, at 4:45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Aug 10-07. 1907

Place of JOHNS HOPKINS HOSPITAL

Date Aug 10 1907

Undertaker Commissioner Health

Address Health Dept

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

90
1

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B C 3659

CERTIFICATE OF DEATH.

(Place of Death.) No. N. W. Cor Linzons & Boston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) .....

Filed 8/12 1901

HARRY C. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 2nd 1901

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....11. CAUSE OF DEATH (Secondary or Immediate.)

Crushed to Death by P. W. & B. R. R.

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 300 N. Greene St.

Date ..... 190 .....

Place of Burial JOHNS HOPKINS HOSPITAL

Date Aug 3 1901

Undertaker Commissioner Health

Address Health Dept

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEA...

Ward 14 C 3660 Registered No. B C 3660

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Green

{ Residence, if in Baltimore, Give Street and Number. } No C.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 17th 1902

AGE: ..... years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M R. Stone

(Address) No C. H.

Filed Jan 7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 10th 1902

I HEREBY CERTIFY, That I attended deceased from July 12 1902 to Aug 6 1902 that I last saw h alive on Aug 6 1902, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 50 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Edw. Magruder, M.D.

Address 922 Madison Ave

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date Aug 12 190

Undertaker Commissioner Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

Ward 7 C 3661 Registered No. B

C. 3661

CERTIFICATE OF DEATH.

(If Death occur. in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 943 N. Bond Street St.

Full Name Francis W. Berger

{ Residence, if in Baltimore, Give Street and Number. } 943 N. Bond Street

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: February 17 1907

AGE: ..... years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Cornelius Berger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lydia Isaacs

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelius Berger

(Address) 943 N. Bond St

Filed Jan 7 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11 1907

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to Aug 11 1907 that I last saw h[illegible] alive on Aug 11 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

one month (DURATION) 21 DAYS

Contributory (Primary.) Badly nourished from birth (DURATION) DAYS

(Signed) G. W. Simpson M.D.

Address 1026 N. Broadway

Date Aug. 11 1907

Place of Burial Balto Cem

Date August 12 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3662

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

119

CERTIFICATE OF DEATH.

C 3662

Registered No. B .....

City of Baltimore, (No. 1122, Hulls Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: not Known (Month) (Day) 1829 Year

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): United States

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): United States

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country): United States

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Her Brother

(Address) 1122 Hulls Lane

Filed 8/12 190 7

HARRY O. ... PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 5 190 7 to Aug 11 190 7 that I last saw h.. alive on Aug 10 190 7, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Brights Dis acute

(DURATION) 6 DAYS

Contributory Old age (DURATION) ..... DAYS

(Signed) Wm C Lyle Burns M. D.

Aug 11 190 7 (Address) 1926 E Bank

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery | DATE OF BURIAL: Augt 12 190 7

UNDERTAKER: R. A. Elliott | ADDRESS: 506 Roycroft

V

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — C 3663 — Registered No. B C 3663

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Hasfrans

{ Residence, if in Baltimore, Give Street and Number. } 930 Columbia Ave.

Duration of Residence in Baltimore. 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	—
AGE	21 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Geo. Hasfrans
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Hasfrans

(Address) 1365 Columbia

Filed 8/12 1907

HARRY C. ANDERSON, CIRCUIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 11 1907

that I last saw him alive on Aug 11 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Abscess of Pelvis

(DURATION) DAYS

Contributory (Primary.) Typhoid

(DURATION) DAYS

(Signed) Arthur W. Thomas M.D.

Address University Hospital

Date Aug 11 1907

Place of Burial Loudon Park

Date Aug 12 1907

Undertaker Wm J Tickner and Son

Address 426 W Camden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

C 3664

19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

C 3664

Registered No. B.....

City of Baltimore, (No. 1722 W. Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Magrade Herge.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June (Month) 13 (Day) 1830 (Year)
AGE	77 years, 1 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Conrad Trebert
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Herge

(Address) 1722 W. Baltimore St

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 10th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 5th 1907 to August 10th 1907 that I last saw her alive on August 9th 1907, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Shock - Cerebral Hemmorhage and old age.

(DURATION) 5 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John Hauff M. D.

Aug 10 1907 (Address) 15 E. Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem.	Aug 12 1907
UNDERTAKER	ADDRESS
R. J. Dill & Son	746 Columbia Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, conditio[illegible] whether married or single) of the person deceased, and the cause

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Bal

Ward 1

C 3665

Registered

CERTIFICATE OF DEATH

(Place of Death.) No. Hebrew Hospital, Monument & Hopkins Ave

Full Name Charles Zepf

{Residence, if in Baltimore, Give Street and Number.} 1823 Ashland Ave.

Duration of Residence in Baltimore. life C. 3665

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 14th 1864

AGE: 38 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Edward Zapf

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Box Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Zapf

(Address) 1823 Ashland Av

Filed 8/12 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11, 1907

I HEREBY CERTIFY, That I attended deceased from May 23 1907, to Aug 11, 1907

that I last saw him alive on Aug 11, 1907

and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilitation

(DURATION) more than DAYS

Contributory (Primary.) Endocarditis (DURATION) 2 DAYS

Cirhosis of liver

(Signed) Chas. O Bagley, Jr. M.D.

Address Hebrew Hospital

Date Aug 11, 1907

Place of Burial St. Mathews Lem

Date 8/13/07 190

Undertaker J. Henry Son

Address 2008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married, single, widowed or divorced), ***cause and date of death***, and the deceased, and the

C3666

to

C3669

are

missing

Ward 15 C 3670 C.3670 Registered No. B 3670

CERTIFICATE OF DEATH.

(Place of Death.) No. 3617 Forrest Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rich Mc Kibbin

{ Residence, if in Baltimore, Give Street and Number. } 3617 Forrest Park

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 8th 1847

AGE 60 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Samuel T. Henry

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Elizabeth Loucher

BIRTHPLACE OF MOTHER (State or country) Baltimore. Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Mahlstein

(Address) 3617 Fairmount Ave

Filed Aug 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11 1907

I HEREBY CERTIFY, That I attended deceased from August 8 1907 to August 11 1907 that I last saw h[illegible] alive on August 11 1907 and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D. Steel M.D.

Address At Hospital

Date August 14 1907

Place of Burial Lorraine Cemetery

Date August 14th 1907

Undertaker George J. Smith Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 19 Registered No. B 3671 C 3671 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. W. Stembler

{Residence, if in Baltimore, Give Street and Number.} 207 N. Calhoun St

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Aug 10th 1825

AGE 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Stembler

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary. Reese

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Stembler

(Address) 1905 N. Baltimore

Filed 8/12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6. 1907 to Aug 10 1907 that I last saw him alive on Aug 10 1907 and that death occurred, on the date stated above, at 12 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Old Age.

(DURATION) 4 DAYS

Contributory (Primary.) General Prostration

(DURATION) 2 DAYS

(Signed) J. W. Wilson M.D.

Address 1935 Fulton Ave

Date Aug 12 1907

Place of Burial Mt Olivet Cemetery

Date August 13th 1907

Undertaker Geo. J. Smith & Co

Address 1000 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3672 Registered No. B 791

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Weiss (Smigle wski.)

{ Residence, if in Baltimore, Give Street and Number. } ~~507~~ 507 South Madeira Street

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 36 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Martin Smiglewski

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Antonia Hojnacka

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jozefa. Wiess. Smiglewski.

(Address) 507 S. Madeira St

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 10" 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to Aug 10 1907 that I last saw h.. alive on Aug 10 1907, and that death occurred, on the date stated above, at 12 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Intestinal Insufficiency.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S Strouse M.D.

Address John Hopkins Hospital

Date Aug 10 1907

Place of Burial, St Stanislaus.

Date Tuesday Aug 13" 1907

Undertaker M. Dadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 3673

Ward 7

Registered No. B C 3673

1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 1924 Alice anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladyslaus Kelczewski

{ Residence, if in Baltimore, Give Street and Number. } #1924 alice anna St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Thomas Kelczewski.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Annie Reonatowski.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Kelczewski

(Address) 1924 alice anna

Filed 8/12 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th, 1907

I HEREBY CERTIFY, That I attended deceased from July 7 1907 to Aug. 11 1907

that I last saw him alive on Aug 10 1907,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address 1709 alice anna

Date Aug 11 1907

Place of Burial Holy Rosary Cem

Date Monday Aug 12th 1907

Undertaker W. S. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether single, married, widowed or divorced) ***and cause and date of death*** of the person deceased, and the

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27V

CERTIFICATE OF DEATH.

C 3674

Registered No. B.....

City of Baltimore, (No. 928 Pine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mattie D. Gaskins

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 17 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Daniel Gaskins

BIRTHPLACE OF FATHER (State or country) V. a

MAIDEN NAME OF MOTHER Maggie Tunstell

BIRTHPLACE OF MOTHER (State or country) V. a

OCCUPATION OF DECEASED ---

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Gaskins

(Address) 928 Pine St

Filed 8/12 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... August (Month) 10th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to August 2nd 1907 that I last saw her alive on August 9th 1907, and that death occurred, on the date stated above, at 2.15 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis of acute type. Patient sent to Health Dept. City Hall ward in Hosp. for consumptives of diagnosis (DURATION) ..... DAYS

Contributory Had Grippe to development of Tuberculosis (DURATION) ..... DAYS

(Signed) Wm. J. Jay M. D.

Aug 10th 1907 (Address) 869 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Laurel Cemetery | DATE OF BURIAL Aug 12 1907

UNDERTAKER Alex H Ensley | ADDRESS 576 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 3675 Registered No. B C 3675

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Otto + Rebecca Turkin.

{ Residence, if in Baltimore, Give Street and Number. } 111 Harrison st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wh.

DATE OF BIRTH Aug 3 1907

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Otto Turkin.

BIRTHPLACE OF FATHER (State or country) Russia.

MAIDEN NAME OF MOTHER Rebecca Pafusch

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Turkin

(Address) 111 Harrison

Filed 9/12 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 11 1907 that I last saw him alive on Aug 11 1907, and that death occurred, on the date stated above, at 12.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth.
Gastro-enteritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. C. Goldstrough M.D.

Address Johns Hopkins Hospital

Date Aug 12 1907

Place of Burial Phila. Rd. Rosedale

Date Aug 12 1907

Undertaker M. Levinson

Address 1620 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 3676 Registered No. B C 3676 V 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 2006 Mount Royal Terrace St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Amanda Burton Buck

{Residence, if in Baltimore, Give Street and Number.} 2006 Mount Royal Terrace

Duration of Residence in Baltimore. about forty six years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 11th 1827

AGE: 80 years, 5 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: Elista P. Burton

BIRTHPLACE OF FATHER (State or country): United States

MAIDEN NAME OF MOTHER: Eliza Oliver Milby

BIRTHPLACE OF MOTHER (State or country): United States

OCCUPATION OF DECEASED: no occupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kirkland C. Buck

(Address) 2006 Mt Royal Terrace, Balto

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 11th 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to August 11 1907

that I last saw h— alive on August 11 1907

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 56 DAYS

Con'tributory (Primary) Diabetes Insipidus

Senility. Paralysis (DURATION) DAYS

(Signed) C McDowell M.D.

Address 1408 Madison Ave

Date August 12th 1907

Place of Burial Druid Ridge Cemetery

Date August 13th 1907

Undertaker Stewart & Graves Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 3677 Registered No. B C 3677

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 S Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Widman

{ Residence, if in Baltimore, Give Street and Number. } 130 S Schroeder

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	White
DATE OF BIRTH	1
AGE	78 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Widman
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Kathrian —
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fiss

(Address) 120 N. Fountain

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 10 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Aug 10 1907 that I last saw h alive on Aug 10 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Uremia

(DURATION) 8 DAYS

Contributory (Primary.) Eclampsia (DURATION) 1 DAYS

(Signed) Edw Jenkins M.D.

Address 517 Lenox

Date Aug 11th 1907

Place of Burial Loudon Park

Date Aug. 13th 1907

Undertaker John J Fiss

Address 120 N. Fountain ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3678 Registered No. B C 3678

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 Carroll st. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William Johnniger

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W.

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Johnniger

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary "

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Fombard

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Aug 11 1907 that I last saw him alive on Aug. 11 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 12 DAYS

Contributory (Primary) Exhaustion Cardiac

(DURATION) 6 DAYS

(Signed) J. Morley Hoag M.D.

Address 721 Columbia ave

Date Aug. 12 1907.

Place of Burial St Peters

Date Aug 12th 1907

Undertaker John J Fields

Address 1200 W Fombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 3079 Registered No. B 3319

CERTIFICATE OF DEATH.

105V

(Place of Death.) No. 1729 Frenchbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Jones

{Residence, if in Baltimore, Give Street and Number.} 1729 Frenchbury St

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 29 1907

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Daniel Jones

BIRTHPLACE OF FATHER (State or country): Fredricksburg Va.

MAIDEN NAME OF MOTHER: Mary E. Dorsey

BIRTHPLACE OF MOTHER (State or country): Friendship Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Jones

(Address) 1729 Frenchbury st

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 11 1907 that I last saw h.. alive on Aug 11 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarhea

Marasmus

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. A. Mullin M. D.

Address 1303 W North Ave

Date Aug 12 1907

Place of Burial Mt. Auburn

Date Aug. 12 1907

Undertaker Wm J. Johnson

Address 614 Baker st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3680

Registered No. B

City of Baltimore, (No. 2 W. Heath St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Daniel H. Bevans

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb (Month) 14th (Day) 1853 (Year)
AGE	54 years, 5 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ger
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ida. M. Bevans

(Address) 2 W. Heath St.

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10th (Month) 10. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1. 1907 to Aug. 9. 1907 that I last saw him alive on Aug. 9. 1907, and that death occurred, on the date stated above, at 2 o'clock P. M. The CAUSE OF DEATH was as follows:

Carcinoma ventriculi

(DURATION) 5 months DAYS

Contributory Marasmus

(DURATION) 2 months DAYS

(Signed) F. J. Lobdell M. D.

Aug. 11. 1907 (Address) 1001 Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Aug 13th 1907
UNDERTAKER	ADDRESS
E. Schlosser & Son	1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 3681 Registered No. B .....

C 3681 v 34

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Battle.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Edgecombe Co N.C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Edgar Holyday, Supt.

(Address) ..... BAY VIEW ASYLUM.

Filed 8/12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 1907

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Aug 11 1907

that I last saw h- alive on Aug 11 1907, 5:20

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma Glycosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) R R Vonnit M.D.

Address Bay View Hospl.

Date Aug 12 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date AUG 12 1907 190

Undertaker William S Woodcock

Address 1810 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 3682

C 3682

C 3682 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2604 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ludwig Gutsmuths

{Residence, if in Baltimore, Give Street and Number.} 2604 Foster Ave

Duration of Residence in Baltimore. 40

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 17th 1836

AGE: 71 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gutsmidle.

(Address) 2604. Foster ave.

Filed 8/12 ..... 190..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 11 1907

I HEREBY CERTIFY, That I attended deceased from aug 1- 1907 to aug 11 1907

that I last saw him alive on aug 10 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) 11 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) J C Blades M.D.

Address 1432 N Bway

Date Aug 12 1907

Place of Burial Holy Redeemer Cem.

Date aug 13 th 1907

Undertaker Wendell & Kippel & Cox

Address 330 S. Bond.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3683 Registered No. B 08

C 3683

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Clara Lang

{ Residence, if in Baltimore, Give Street and Number. } 904 Eastern ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: ..... years, 8 months, ... days

SINGLE; ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): U. S. A. Baltimore

FULL NAME OF FATHER: Joseph Lang.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mamie Jones.

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joz Lang.

(Address) 904 Eastern ave.

Filed 8/12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 12th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3d 1907 to Aug 12th 1907

that I last saw h, alive on Aug 10th 1907,

and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Edw. M. Longwell M.D.

Address 1-N. Washington

Date Aug 12th 1907

Place of Burial Holy Redeemer Cem

Date Aug 13 1907

Undertaker Wendell Diffel & Son

Address 330 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3684 Registered No. B

CERTIFICATE OF DEATH. C 3684

(Place of Death.) No. St. Joseph's Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Roach

{Residence, if in Baltimore, Give Street and Number.} 1815 E Lombard

Duration of Residence in Baltimore. 5Y.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 49 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Roach

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Mason

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred'k Roach

(Address) 1815 E. Lombard st

Filed 8/12 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 12 1907

that I last saw him alive on Aug 12 1907

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Traumatic Stricture Urethra

(DURATION) 360 DAYS

Con'tributory (Primary) Calculus and urinary infiltration (DURATION) 7 DAYS

(Signed) J J O'Connor M.D.

Address St Joseph's Hospital

Date Aug 12 1907

Place of Burial New Cathedral Cem.

Date Aug 14" 1907

Undertaker Kendell Lippel & Son

Address 930 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 3685 Registered No. B C 3685

CERTIFICATE OF DEATH.

(Place of Death.) No. 1403 W. Lafayette Ave. St. 27 V

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Crowley

{Residence, if in Baltimore, Give Street and Number.} 1403 W. Lafayette Ave.

Duration of Residence in Baltimore. Ten years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female.
COLOR	White
DATE OF BIRTH	Sept 14th. 1882.
AGE	24 years, 10 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Martinsburg, W. Va
FULL NAME OF FATHER	William Crowley.
BIRTHPLACE OF FATHER (State or country)	Roscommon, Ireland
MAIDEN NAME OF MOTHER	Annie L. Cunningham
BIRTHPLACE OF MOTHER (State or country)	Martinsburg. W. Va.
OCCUPATION OF DECEASED	Clerk in Laundry.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie C Crowley

(Address) 1403 W. Lafayette Ave

Filed 8/12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 10th 1907

I HEREBY CERTIFY, That I attended deceased from July 1906 to Aug 1907

that I last saw h.. alive on July 31 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

about 16 or 18 mos. (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Allan Baldwin M.D.

Address 700 W. Lap. Ave.

Date Aug. 12th 1907

Place of Burial Cathedral cemetery

Date August 13 1907

Undertaker Daniel J. Margaret A. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3686

City of Baltimore, (No. 1329 n Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine Klein

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH May 14 (Month) 99 (Day) 1803 (Year)

AGE 104 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Thron

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Nasset

(Address) 1442 N Gay St

Filed Aug 13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~April~~ Aug 11 (Month) 14 (Day) 1803 ~~1907~~ (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 11 1907 that I last saw her alive on Aug 11 1907 and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) ..... DAYS

Contributory Asthenia

(DURATION) ..... DAYS

(Signed) William Fraser M. D.

8/12 1907 (Address) Mount Hope

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Aug 13 1907

UNDERTAKER Geo Nasset

ADDRESS 1442 N Gay.

WM. J. C. DULANY CO., BALTIMORE.

Ward 8 C 3687 Registered No. B C 3687

CERTIFICATE OF DEATH.

66

(Place of Death.) No. City Hospital - Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Gray

{ Residence, if in Baltimore, Give Street and Number. } 1838 E. Chase St.

Duration of Residence in Baltimore. Fifty five years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH June 9 1855

AGE 52 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Andrew J. Ray

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER Sarah Price

BIRTHPLACE OF MOTHER (State or country) Not known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Coleman

(Address) 1838 E. Chase st

Filed Aug 12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11 1907

I HEREBY CERTIFY, That I attended deceased from August 6 1907 to Aug 11 1907

that I last saw h[illegible] alive on Aug 11 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) DAYS

Con'tributory (Primary.)

Apoplexy (DURATION) DAYS

(Signed) Walter D. Stone M.D.

Address City Hospital

Date August 12 1907

Place of Burial Baltimore Cemetery

Date Aug 14th 1907

Undertaker Henry Lutz

Address 1007 N. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 11 C 3688 Registered No. B C 3688

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel Boyer.

{ Residence, if in Baltimore, Give Street and Number. } Selins Grove Pa.

Duration of Residence in Baltimore. Aug 8/ 07

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ...1...

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: J. W. Boyer

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Louisa. James

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. E. Boyer

(Address) 634 W. North ave

Filed 8/13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 13 1907

that I last saw h~~e~~ alive on Aug 13 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) ... DAYS

Contributory (Primary.) Appendicitis

(DURATION) ... DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date 8/13 1907

Place of Burial Selins Grove Pa

Date August 13 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH. C 3689

Registered No. B

City of Baltimore, (No. 1066, W Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles W Loudenslager

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 10 (Month) (Day) 1907 (Year)

AGE: ____ years, 1 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frank Loudenslager

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret McMahon

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Loudenslager

(Address) 1066 W Fayette

Filed 8/13 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 12th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to Aug 12 1907

that I last saw him alive on Aug 12 1907,

and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Intuition some

(DURATION) 18 DAYS

Contributory Summer Heat

(DURATION) DAYS

(Signed) Duncan MacLennan M. D.

Aug 12 1907 (Address) 1102 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: M Peters — DATE OF BURIAL: AUG 13 1907

UNDERTAKER: J Emmons & Co — ADDRESS: 764 N Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 3690

City of Baltimore, (No. 225 E. N. Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa M McCauley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 11 (Day) 1833 (Year)

AGE: 73 years, 10 months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Edward Rupp

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliz Addison

(Address) 226 E North ave

Filed 8/13 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 8- (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 10 1907 to Aug 12 1907

that I last saw h[illegible] alive on Aug 12 1907,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Softening of Brain -

Cerebral Hemorrhage (DURATION) ..... DAYS

Contributory .....

..... (DURATION) — DAYS

(Signed) Thomas J Huff M. D.

8-13 1907 (Address) 600 N. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: Loudan Park — DATE OF BURIAL: Aug 14 1907

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

65

Person deceased, and the cause and date of death.

Ward 1 C 3691 Registered No. B C 3691 2 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1312 Upton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Richardson

{Residence, if in Baltimore, Give Street and Number.} 1312 Upton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: Mar. 22nd 1901	
AGE: 1 years, 4 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Benjamin Richardson	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Jane Smith	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Richardson

(Address) 1312 Upton St.

Filed 8/13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12th 1907

I HEREBY CERTIFY, That I attended deceased from .....1907 to 1907

that I last saw h..... alive on 1907

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 14 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Wm Baecom M.D.

Address Two Log. ave (County)

Date Aug. 12th 1907

Place of Burial Laurel

Date Aug 13th 1907

Undertaker Lawrence & Wright

Address 1364 Mt Lucy St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3692 Registered No. B C 3692 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Stuart

{ Residence, if in Baltimore, Give Street and Number. } 821 Forrest St.

Duration of Residence in Baltimore. 65 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH 1

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Co Md.

FULL NAME OF FATHER William Taylor

BIRTHPLACE OF FATHER (State or country) Eng Land

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country) . . .

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sara Jr. Eppler

(Address) Highland Ave

Filed 8/13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1907

I HEREBY CERTIFY, That I attended deceased from April 10th 1907 to Aug 11th 1907

that I last saw h alive on Aug 10th 1907

and that death occurred, on the date stated above, at

9 M. CAUSE OF DEATH (Secondary or Immediate)

Stomach Tumor & Acute Nephritis

(DURATION) 123 DAYS

Contributory (Primary.) Stomach Tumor

(DURATION) 6 DAYS

(Signed) Edward Kelly M.D.

Address 208 Augusta Ave

Date Aug 11th 1907

Place of Burial Baltimore Cemetery

Date Aug 14th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3693

Ward 24

Registered No. B C 3693

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1239 Battery ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Edward Slater

{Residence, if in Baltimore, Give Street and Number.} 1239 Battery ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June, 11, 1906

AGE 1 years, 3 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Wm Slater

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary Connelly

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Slater

(Address) 1209 Battery ave

Filed 8/13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11th 1907

I HEREBY CERTIFY, That I attended deceased from August 10th 1907 to Aug 11th 1907 that I last saw h[illegible] alive on Aug 10th 1907 and that death occurred, on the date stated above, at 6:30 P.M. CAUSE OF DEATH (Secondary or Immediate

Cerebral Meningitis

(DURATION) 24 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S. Charles St

Date August 11th 1907

Place of Burial Bonnie Brae

Date Aug 13, 1907

Undertaker John F. Fahey

Address 2353 Gilliland

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3694 Registered No. B [illegible] 10 b

CERTIFICATE OF DEATH.

(Place of Death.) No. 1730 S. Charles St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ellen T. Quinn

{ *Residence, if in Baltimore, Give Street and Number.* } 1730 S. Charles St.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	
COLOR	
DATE OF BIRTH	September 17 1844
AGE	62 years, 11 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Edward Sheehan
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary A Callahan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. T. Quinn

(Address) 1730 S Charles St

Filed 8/13 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12/07 190

I HEREBY CERTIFY, That I attended deceased from 3wks ago 190 to Aug. 12/07 190 that I last saw her alive on Aug 11/07 190, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis, Apoplexy

(DURATION) 21 DAYS

Contributory (Primary.) Cardiac paralysis (DURATION) 1hr. DAYS

(Signed) E. V. Elles M.D.

Address 915 Light St

Date Aug. 12/07 190

Place of Burial Bonnie Brae

Date Aug. 14, 1907

Undertaker Baker & Hagan

Address 1234 Druid Hill Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 3695 Registered No. B C 3695

CERTIFICATE OF DEATH.

(Place of Death.) No. 535 Ruby Canby Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.) 105

Full Name Burton Prince

{Residence, if in Baltimore, Give Street and Number.} 535 Canby Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	COLOR White
DATE OF BIRTH	Aug 13th 1906
AGE	— years, 11 months, 28 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Geo. E. Prince
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Ella Smith
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Lumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 535 Canby Lane

Filed 8/13 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12th 190 7

I HEREBY CERTIFY, That I attended deceased from Aug 5 190 7 to Aug 12 190 7 that I last saw him alive on Aug 12 190 7 and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Mohr M.D.

Address 238 E Hillen St

Date Aug 12 190 7

Place of Burial St. Peters Cem.

Date Aug 13 190 7

Undertaker Geo W Little

Address 531 N Fremont Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 2 C 3696 Registered No. B C 3696

CERTIFICATE OF DEATH.

(Place of Death.) No. 432 S Durham. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Meckelman.

{Residence, if in Baltimore, Give Street and Number.} 432 S Durham.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 17th 1867

AGE: 39 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dietrich Winkelman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lizzie Klitz

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Winkelman

(Address) 2528 Fait Ave.

Filed 8/13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 11th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1907 to Aug 11th 1907 that I last saw h[illegible] alive on Aug 10th 1907, and that death occurred, on the date stated above, at 10:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsia

(DURATION) DAYS

Contributory (Primary.) Laryngeal Tuberculosis

(DURATION) DAYS

(Signed) Herman Gerling M.D.

Address 1937 Edmondson Ave.

Date Aug 11th 1907

Place of Burial Mt. Carmel Cemetery

Date Aug 14th 1907

Undertaker H. Sanders & Sons

Address 1310 Eutaw Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3697 Registered No. B ..... C 3697

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2228 Essex St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellie Hartley

{ Residence, if in Baltimore, Give Street and Number. } 2228 Essex St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 21st 1901

AGE ..... years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John C. Hartley

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mathilda Sommers

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Hartley

(Address) 2228 Essex St.

Filed 8/13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1907 to Aug 11th 1907

that I last saw h.. alive on Aug 11th 1907,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) , DAYS

(Signed) Edward Little Drew M.D.

Address 208 Aisquith St.

Date Aug 12th 1907

Place of Burial Baltimore Cemetery

Date Aug 13th 1907

Undertaker H. Zander Sons.

Address 1710 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3698

Registered No. B

City of Baltimore, (No. 930 S. Charles St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Krommiller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 20 (Day) 1830 (Year)

AGE: 77 years, 3 months, 22 days

~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Bavaria Germany

FULL NAME OF FATHER: Albert Zangler

BIRTHPLACE OF FATHER (State or country): Bavaria Germany

MAIDEN NAME OF MOTHER: Mary Zeigler

BIRTHPLACE OF MOTHER (State or country): do not know

OCCUPATION OF DECEASED: no occupation

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Schamman

(Address) 417 W Fremont Street

Filed 8/13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 11 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Aug. 11 1907

that I last saw her alive on , 1907,

and that death occurred, on the date stated above, at 6.50 P. M. The CAUSE OF DEATH was as follows:

Chronic Brights

about 7 years (DURATION) — DAYS

Contributory Nephritis

2 days (DURATION) DAYS

(Signed) A. J. Freedman M. D.

8/12 1907 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Louden Park — DATE OF BURIAL: August 14 1907

UNDERTAKER: John N Bell — ADDRESS: 604 S Charles St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 3699 Registered No. B C 3699

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 18 S. Arlington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Engel

{Residence, if in Baltimore, Give Street and Number.} 18 S Arlington av. Balto,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Mar 18th 1907

AGE: — years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Harry A. Engel

BIRTHPLACE OF FATHER (State or country): Md (Spniker)

MAIDEN NAME OF MOTHER: Margaret B. Spinner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry B. Engel

(Address) 18 S. Arlington ave

Filed 8/13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 10 1907 that I last saw her alive on Aug 10 1907, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 10 DAYS

Contributory (Primary.)

Duration (DURATION) DAYS

(Signed) T. McLennan M.D.

Address 317 N. Carrollton Ave.

Date Aug 12 1907

Place of Burial Loudon Park

Date Aug 13th 1907

Undertaker Geo Weber

Address 1535 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 3700 Registered No. B 3700

114

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Conroy

{Residence, if in Baltimore, Give Street and Number.} 422 E. Biddle St

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 30 1840

AGE 66 years, 10 months, 12 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Conroy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Healy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 422 E. Biddle St

Filed 8/13" 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Aug 11th 1907 that I last saw him alive on Aug 11th 1907 and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Hypertrophy of Liver

about 2 months (DURATION) DAYS

Con'tributory (Primary.)

Intoxication (DURATION) 40 DAYS

(Signed) Chas L. Goldsborough M.D.

Address 918 S. Paca St

Date Aug 12th 1907

Place of Burial Cathedral

Date Aug 15th 1907

Undertaker H. C. Windefelder

Address 914 Greenmount Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 24 C 3701 Registered No. B C 3701

CERTIFICATE OF DEATH.

91

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank H. Reed

{ Residence, if in Baltimore, Give Street and Number. } 1113 Hull St.

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1863

AGE: 44 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): ~~Ireland~~ N. Y.

FULL NAME OF FATHER: Geo Reed

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sw Geo Reed

(Address) 1113 - Hull St

Filed 8/13" 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11 1907

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to Aug 11 1907

that I last saw him alive on Aug 11 1907,

and that death occurred, on the date stated above, at 9.40

I. CAUSE OF DEATH (Secondary or Immediate.)

Bronchiectasis

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) S S Krause M.D.

Address Johns Hopkins Hospital

Date August 12 1907

Place of Burial New Cathedral Cem.

Date Aug - 14 1907

Undertaker M. Daylet & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 3702 Registered No. B C 3702

179

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~227~~ 244 Chestnut St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Hamilton

{ Residence, if in Baltimore, Give Street and Number. } 244 Chestnut St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR C
DATE OF BIRTH	1
AGE	years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Not known
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/13 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13/07 190

I HEREBY CERTIFY, That I attended deceased from 6/24/07 190 to Aug 11/07 190

that I last saw her alive on Aug 10/07 190, and that death occurred, on the date stated above, at 10 30 M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wyth Eagleson Dr. M.D.

Address A L Levy 733 Virginia

Date 190

Place of Burial COLLEGE OF P. & S.

Date AUG 13 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

91

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — Registered No. B 3408

CERTIFICATE OF DEATH.

(Place of Death.) No. 2203 E Federal St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rosa Doraschky

{Residence, if in Baltimore, Give Street and Number.} 2203 E. Federal.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 10 1881

AGE: 26 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: Henry Doraschky

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Henrietta

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Doraschky.

(Address) 2203 E. Federal

Filed 8/13 1907

HARRY C. ANDREWS
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 11 1907

I HEREBY CERTIFY, That I attended deceased from January 13 1907 to Aug. 11 1907

that I last saw her alive on Aug 11 1907, and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Pulmonary tuberculosis (DURATION) 8 months DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. A. Meyer M.D.

Address 1031 N Caroline St.

Date August 12th 1907

Place of Burial Mt Carmel

Date Aug 14 1907

Undertaker Robt J Turnbull

Address 1x x 2. N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 Registered No. B 04

C 3704

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 Druid Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Frank & Mary Crawford

{ Residence, if in Baltimore, Give Street and Number. } 130 Druid Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 12 1907

AGE: 6 hrs years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Frank Crawford

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Morris

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Crawford

(Address) 138 Druid Ave

Filed 8/13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 12 1907

that I last saw her alive on Aug 12 1907

and that death occurred, on the date stated above, at 6:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

~~Premature birth~~ ?

Asthenia

(DURATION) 6 hrs ~~DAYS~~

Con'ributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) W. A. Smith M.D.

Address 3429 Chestnut Ave

Date Aug 12 1907

Place of Burial St Mary's

Date Aug 13 1907

Undertaker A. J. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 3705

62

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2701, Hampden Ave St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Dunn

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: June (Month) 3 (Day) 1851 (Year)	
AGE: 56 years, 2 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	State of Virginia
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	don't know
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	don't know
OCCUPATION OF DECEASED	Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward S. Dunn

(Address) 2701 Hampden Ave.

Filed 8 13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 11th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 24th 1907 to Aug. 11th 1907 that I last saw him alive on Aug. 11th 1907, and that death occurred, on the date stated above, at 1230 A. M. The CAUSE OF DEATH was as follows:

Locomotor Ataxia

(about 1 year) (DURATION) ~~DAYS~~

Contributory Exhaustion

(DURATION) DAYS

(Signed) Harrison F. Cargher M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Cantag

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Berryville Va	Aug 14 1907
UNDERTAKER: A S Marshall	ADDRESS: 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH.

Registered No. B C 3706

City of Baltimore, (No. 1018 N Patterson Park Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jessie E Hyslinger

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH July 4 (Month) (Day) 1907 (Year)

AGE 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo M Hyslinger

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jenny Carrick

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Hyslinger

(Address) 1442 N Gay St

Filed 8/13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1907.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 20, 1907 to August 12, 1907 that I last saw h alive on " " 1907, and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 30 DAYS

Contributory Chronic indigestion ?

(DURATION) ? DAYS

(Signed) S. Lee Magness M. D.

Aug. 13, 1907 (Address) 1265 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Leakland Md | DATE OF BURIAL ... 190...

UNDERTAKER Geo Hyslinger | ADDRESS 1442 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 C 3707 Registered No. B C 3707 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 Plum Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant - of Johnson & Carrie Montgomery.

{Residence, if in Baltimore, Give Street and Number.} 1005 Plum Alley.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Brown

DATE OF BIRTH: Aug 11 1907

AGE: ....years, ...months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): 1005 Plum alley City

FULL NAME OF FATHER: Johnson Montgomery

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johnson Montgomery

(Address) 1005 Plum alley

Filed 8/13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 12 1907 that I last saw h in alive on Aug 11 1907. and that death occurred, on the date stated above, at 10.30 P.M. P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) ....DAYS

Contributory (Primary.) —

(DURATION) —DAYS

(Signed) H H Baker M.D.

Address City Hospital

Date 1907

Place of Burial Mt Auburn Cem

Date Aug 12 1907

Undertaker D Z. Brown & Son

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 3708 Registered No. B C 3708

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 S Regester St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Niemczyk,

{Residence, if in Baltimore, Give Street and Number.} 714 S Regester St

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 48 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Stanislajan Pichowski.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Franzis Rogozenski.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. F. Padowski

(Address) 703 S. Ann St

Filed 8/13 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 10 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 190.. to Aug 10 190 7

that I last saw her alive on Aug 10 190 7,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Selous Atrophy & Cirrhosis Liver

(DURATION) 7 DAYS

Contributory (Primary.) E Landtyn

(DURATION) DAYS

(Signed) C A Bladen M.D.

Address 1443 N Broadway

Date Aug 14 1907

Place of Burial St Stanislaus,

Date Tuesday Aug 14 1907

Undertaker M. F. Padowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 3703 Registered No. B 10

CERTIFICATE OF DEATH. B 3704

(Place of Death.) No. 2124 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Korolokawitz

{Residence, if in Baltimore, Give Street and Number.} 2124 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Thomas | COLOR White

DATE OF BIRTH 1

AGE 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Peter Korolokawitz

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Lillie Perrot

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Korolokawitz

(Address) 2124 Canton Ave

Filed 8/13 190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11, 1907 to Aug 12 1907

that I last saw h[illegible] alive on Aug 11 1907 and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastero Enteritis about (DURATION) DAYS

Contributory (Primary) Asthenia (DURATION) 1 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Eraught Ave

Date Aug 13 1907

Place of Burial O.F. Stanislaus.

Date Monday Aug 13 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3710 Registered No. B C 3710

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl Asy / St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eugene E. Stanton

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infl. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 8/13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition

.....(DURATION).....DAYS

Con'tributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) P Martin M.D.

Address .....

Date Aug 13 1907

Place of Burial New Cathedral

Date Aug 13th 1907

Undertaker Martin Dahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 3711 Registered No. B C 3711 2 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Catherine Roughan

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infnt. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: July 2nd. 1907

AGE: ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 8/13 1907

HARRY O. ARDINGER, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 12th 1907 that I last saw h[illegible] alive on " " 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) R. Martin M.D.

Address .....

Date Aug 13 1907

Place of Burial New Cathedral

Date Aug 13th 1907

Undertaker Martin Dalsey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3712 Registered No. B C 3712 15K

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edw. Sill

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infl. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: M / COLOR: W	DATE OF DEATH: Aug 12 1907
DATE OF BIRTH: 1	I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....
AGE: ..... years, 1 months, 22 days	that I last saw h ..... alive on ..... 190 .....
SINGLE, MARRIED, WIDOWED, OR DIVORCED	and that death occurred, on the date stated above, at .....
BIRTHPLACE (State or country)	M. CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER	Inanition
BIRTHPLACE OF FATHER (State or country)	(DURATION) ..... DAYS
MAIDEN NAME OF MOTHER	Con'ributory (Primary.) .....
BIRTHPLACE OF MOTHER (State or country)	(DURATION) ..... DAYS
OCCUPATION OF DECEASED	(Signed) R Martin M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address .....
(Informant)	Date aug 13 1907
(Address) St V. I. Asy	Place of Burial New Cathedral
Filed 8/13 1907 HARRY J. ... PERMIT CLERK Registrar	Date Aug 13th 1907
	Undertaker Martin Fahey & Sons
	Address 666 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B C 3713

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl. Asy't St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Vincent Decker.

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infl. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH: 1

AGE: ..... years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) S. V. Infirmary.

Filed 8/13 1907 — HARRY G. SNYDER, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

Epilepsy (DURATION) ..... DAYS

(Signed) R. J. Martin M.D.

Address .....

Date Aug 13 1907

Place of Burial New Cathedral

Date Aug 15th 1907

Undertaker Martin, Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C 14 Registered No. B C 3714 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asy'l St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Louis Waters

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Infl. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: m | COLOR: w

DATE OF BIRTH: 1

AGE: ....years, ...months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 8/13 190 7 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) P J Martin M.D.

Address .....

Date .....190.....

Place of Burial New Cathedral

Date Aug 13th 190 7

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C 14 C 3715 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy't St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Katzen

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infk. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: 2 | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) .....

(Address) St. V. I. Asy.

Filed 8/13 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12 1907

I HEREBY CERTIFY, That I attended deceased from .....1907..... to .....1907.....

that I last saw h..... alive on .....1907.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

.....

Acute Entero-Colitis

.....

.....(DURATION) 10 DAYS

Contributory (Primary.) .....

.....(DURATION) ..... DAYS

(Signed) P F Martin M.D.

Address .....

Date Aug 13 1907

Place of Burial New Cathedral

Date Aug 13th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C 3716 Registered No. B..... C 3716

121

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Handley

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH ..... 1.....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt

(Address) JAMES BAY VIEW ASYLUM

Filed 8/13" 1907

COMMISSIONER OF HEALTH.

HARRY C. ANDREWS, Registrar

Per PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Aug 11 1907 that I last saw h alive on Aug 11 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

Abscess in Lung

Thrombosis of Coronary Artery DAYS

Contrlbutory (Primary.) Cirrhosis

Joint Tuberculosis (DURATION) DAYS

(Signed) R R Konnick M.D.

Address Bay View Hospt.

Date Aug 11 1907

Place of Burial Laurel Md

Date Aug 13 1907

Undertaker Mr J G Jackson

Address 1421 Hull St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3717 Registered No. B ..... C 3717 105

CERTIFICATE OF DEATH.

(Place of Death.) No. My Thomas Wilson Lonsdown Granby Farm St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fanny Friman

{ Residence, if in Baltimore, Give Street and Number. } 1066 Granby st

Duration of Residence in Baltimore. ~~17 mo~~ Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: W.

DATE OF BIRTH: 1

AGE: 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: o

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Sam Friman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Epstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

[Informant] S. Friman

[Address] 1066 Granby st

Filed 5/15 1907 BARRY O'J. ANDERSON PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 13 1907 that I last saw h.r alive on Aug 12 1907 and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition 2 mo

Dyspepsia chronic

(DURATION) 14 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Jos. Kind Jr. M.D.

Address 824 Caton Ave

Date Aug 13 1907

Place of Burial Roas Dale Cemetry

Date August 14, 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3718 Registered No. B C 3718

CERTIFICATE OF DEATH. 108

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Emma Allen

{Residence, if in Baltimore, Give Street and Number.} 862 Lemon St.

Duration of Residence in Baltimore... 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ... 1 ...

AGE 33 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER John H. Allison

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mol Brown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED House-work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard H. Allen

(Address) 862 Lemon St.

Filed Aug 13 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Aug 12th 1907 that I last saw h[er] alive on Aug 12th 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia - three days duration

... (DURATION) ... DAYS

Contributory (Primary.) Strangulated Ventral Hernia (DURATION) 10 DAYS

(Signed) H. H. Roberts M.D.

Address University Hosp

Date Aug 17, 1907

Place of Burial Loudon Park Cemetery

Date Aug 14 1907

Undertaker J. B. Cook

Address 1003 W. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C 3719 Registered No. B C 3719

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 S. Carey St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm G. Miller

{Residence, if in Baltimore, Give Street and Number.} 20 S. Carey St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Sept 14 1876

AGE 30 years, 11 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Josiah Miller

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Mary E Dixon

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillian M. Miller

(Address) 208 Carey St

Filed 8/13 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Aug 13 1907

that I last saw him alive on Aug 12 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 10½ ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1315 Hollins St.

Date August 13 1907

Place of Burial [illegible] Cemetery

Date Aug 16 1907

Undertaker J. S. Block

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 C 3720 Registered No. B C 3720

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 700 Calvertow Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis A Smith

{Residence, if in Baltimore, Give Street and Number.} 700 Calvertow Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 5 1844

AGE 63 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo Smith

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER M Deal

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Grocryman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary D Smith

(Address) 700 Calvertow Rd

Filed 8/13 190

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 11 1907 that I last saw h[illegible] alive on Aug 11 1907, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. J. Smith M.D.

Address 1628 W Lexington St

Date Aug 12 - 1907

Place of Burial Loudon Park

Date Aug 14 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

C 3721

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1102 W. Hamburg St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Catherine Fisher

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct (Month) 3 (Day) 1880 (Year)

AGE 26 years, 10 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Peter Hagner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Heisler

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj F Fisher

(Address) 1102 W. Hamburg St

Filed 8/13 190 7

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 20th 1907 to Aug 12 1907

that I last saw her alive on Aug 3 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory Asthenia

(DURATION) 1 DAYS

(Signed) W. B. Freeman M. D.

Aug 12 1907 (Address) 668 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Aug 15 1907
UNDERTAKER	ADDRESS
Jos B Cook	1003 Belair

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C 3722 Registered No. B C 3722

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 108 N Fulton Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mrs Henry Harman

{Residence, if in Baltimore, Give Street and Number.} 108 N Fulton Ave

Duration of Residence in Baltimore. Life (Harman)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 26th 1836

AGE 70 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Husband.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo Harman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Catherine Cook

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Roberts

(Address) 108 N Fulton Ave

Filed 8/13 190 HARRY C. ARDREY PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 30th 1907 to Aug 13th 1907

that I last saw h[illegible] alive on Aug 13th 1907,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate

Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Egbert L Mortimer M.D.

Address 125 N Fulton Ave

Date Aug 13th 1907

Place of Burial Loudon Park

Date Aug 15 1907

Undertaker J R B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

644

CERTIFICATE OF DEATH.

Registered No. B C 3723

City of Baltimore, (No. 1104 Harmony Lane St., ne Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charity Myers

PERSONAL AND STATISTICAL PARTICULARS

SEX	Fem
COLOR	Bek
DATE OF BIRTH (Month) (Day) (Year)	Unknown 1
AGE	80 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John J. Marshall
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Harriet White
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Myers

(Address) 1104 Harmony Lane

Filed 8/12 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 12 1907

that I last saw h[illegible] alive on Aug 11 1907,

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 10 DAYS

Contributory Cystitis

(DURATION) 5 DAYS

(Signed) T. J. Norwood M. D.

Aug 12th 1907 (Address) 939 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Aug 14 1907
UNDERTAKER	ADDRESS
Sam'l. W. Chase & Son	1011 W. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B C 3724

C 3724

CERTIFICATE OF DEATH.

29

(Place of Death.) No. 1101 Bunney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard D Hessemann

{ Residence, if in Baltimore, Give Street and Number. } 1101 Bunney St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh

DATE OF BIRTH: 1

AGE: 47 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Hessemann.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Kress.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Retired

I HEREBY CERTIFY, THAT THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Hessemann

(Address) 1101 Bunney St.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 12/ 190

I HEREBY CERTIFY, That I attended deceased fr

June 27 190 7 to Aug 11 190

that I last saw h. alive on Aug 11 190

and that death occurred, on the date stated above, at

a. M. CAUSE OF DEATH (Secondary or Immediate

Intussusceptio of Intestines

(DURATION) D

Contributory (Primary.) Asthenia

(DURATION) D

(Signed) G. C Thierry M.

Address 3138 E Balto St

Date Aug 13/ 190

Place of Burial Mt Carmel.

Date Aug. 15 190

Fee

Re

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said c... the duty of the Physician who attended during his or her ... notice, to furnish within ***eighteen hours after death***, to the U... setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the pe... deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city without medical attendance, it shall be the duty of the person who shall have knowledge of the fact, to report the case to the Coroner, when the case comes under the jurisdiction of the Coroner, and to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 3725 Registered No. B C 3725

105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Townsend St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Levi Labowitz (Labowitz)

{Residence, if in Baltimore, Give Street and Number.} 104 N. Bond St.

Duration of Residence in Baltimore. 2 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Meyer Labowitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Block

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Labowitz

(Address) 104 N Bond st

Filed 8/13" 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12" 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 12 1907 that I last saw he alive on Aug 12 1907 and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Dyspepsia duration (acute)

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Jonkinson Jr M.D.

Address 804 Cathedral St.

Date Aug 13" 1907

Place of Burial Rose Dale Cemetery

Date Aug 14 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 3726

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1[illegible] Thomas Wilson Fountain St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irma Heine.

{ Residence, if in Baltimore, Give Street and Number. } 1815 Bruck St

Duration of Residence in Baltimore. 7 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Dec 14 1906

AGE ..... years, 7 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Leopart Eberst

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Martha Braun.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mr. Shook

(Address) 1815 Brut St

Filed Aug 14 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

C.F.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 12 1907 that I last saw h[illegible] alive on Aug 12 1907 and that death occurred, on the date stated above, at ——

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) 21 DAYS

Contributory (Primary.) ——

(DURATION) —— DAYS

(Signed) J. Bruce Jr M.D.

Address 804 Eastern Ave

Date Aug 13th 07 1907

Place of Burial Londan Park Cem

Date Aug. 14 1907

Undertaker McAndrew Rohde Co

Address 730 Pmuas

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3727 Registered No. B C 3727

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Miles

{Residence, if in Baltimore, Give Street and Number.} Feis County Jail Preston St.

Duration of Residence in Baltimore. Thirty three years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH ..... 1 .....

AGE ..... 39 ..... years, ... — ..... months, ... — ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Not Known

FULL NAME OF FATHER: Nathan Wilson

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Annie E. Miles

BIRTHPLACE OF MOTHER (State or country): Carrol Co Md

OCCUPATION OF DECEASED: Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Miles

(Address) 515 N. Preston

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

about one year (DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Alice Baldwin M.D.

Address Two Log. ans (Carroll)

Date Aug. 12 th 1907

Place of Burial Mt Auburn

Date August 14 1907

Undertaker Alex Hermaley

Address 578 W Pratt 6622

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3728 Registered No. B 3728

271

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 s Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles W Jarboe

{Residence, if in Baltimore, Give Street and Number.} 40 s Poppleton st

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St Marys county Md

FULL NAME OF FATHER: Thomas Jarboe

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Clark

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired Police

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Jarboe

(Address) 40 s Poppleton st

Filed 8/14 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 13 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 13 1907

that I last saw h-- alive on Aug 13 1907,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

2 yrs (DURATION) DAYS

Con'tributory (Primary.) Asthma

3 mos (DURATION) DAYS

(Signed) H Norwood M.D.

Address 939 w Fayette

Date Aug 13, 1907

Place of Burial New Cathedral

Date Aug 16 1907

Undertaker John J. Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3729 Registered No. B C 3729 1

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 914 Stirling St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Agnes C. Stolte

{ Residence, if in Baltimore, Give Street and Number. } 914 Stirling St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Chas. F. Stolte

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Agnes Ahlenfeld

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. Stolte

(Address) 914 Stirling St.

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 13 1907 that I last saw her alive on Aug 13 1907, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary.) Convulsions

(DURATION) — DAYS

(Signed) Benj. D. Stanton M.D.

Address 216 N. Carolina St

Date Aug 13, 1907

Place of Burial New Cathedral Cem.

Date aug 14th 1907

Undertaker N. S. Fuist

Address 2113 N. Pratt St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B C 3730

C 3730

35

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Dinsuin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Reed

{ Residence, if in Baltimore, Give Street and Number. } 1404 Dawsuin St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 3 Weeks ago 1907

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Tilghman Reed

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Florence Thomas

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Hopes

(Address) 1404 Dinsuin St

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to Aug 13 1907

that I last saw h.. alive on Aug 12 1907

and that death occurred, on the date stated above, at 7 A

2 M. CAUSE OF DEATH (Secondary or Immediate.)

Senility

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Intestinal

..... (DURATION) ..... DAYS

(Signed) L L Hankins M.D.

Address 1202 Druid Hill Ave

Date August 14 1907

Place of Burial Mt. Auburn Cemetery

Date August 14 1907

Undertaker Felix B. Frye

Address 1022 E. Hulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

63V

CERTIFICATE OF DEATH.

C 3731

Registered No. B

City of Baltimore, (No. 121, N. Carrollton Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Buckley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Buckley

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Ellen O'Hara

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Cadogan

(Address) 696 W. Mulberry St

Filed 8/14 190 1

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 13th (Day) 190 7 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 7th 190 7 to Aug 13th 190 7

that I last saw her alive on Aug 7th 190 7, and that death occurred, on the date stated above, at 4 00 P.M. The CAUSE OF DEATH was as follows:

Acute ascending myelitis with effusion into 4th ventricle -

(DURATION) about 40 DAYS

Contributory as stated above

(DURATION) — DAYS

(Signed) Claude Van Bibber M. D.

Aug 13th 190 7 (Address) 9 E. Read St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 9 190 7

(UNDERTAKER) M. Cadogan — ADDRESS: 696 W. Mulberry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 3732 Registered No. B C 3732 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. 118 (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward W. Taylor

{Residence, if in Baltimore, Give Street and Number.} 1808 Light Street

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 9 1878

AGE 29 29 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Crawford.

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Barbara Rodgers.

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED RR Flagman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary G. Taylor.

(Address) 1808 Light St

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 11 1907

I HEREBY CERTIFY, That I attended deceased from August 8 1907 to August 11 1907 that I last saw him alive on August 11, 1907, and that death occurred, on the date stated above, at 3.3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 1 DAYS

Contributory (Primary.) Suppurative appendicitis

(DURATION) 10 DAYS

(Signed) J. W. Hachtel M.D.

Address Franklin Square Hospital

Date August 11 1907

Place of Burial Werlein Cemetery

Date Aug 14 1907

Undertaker E. I. Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3733 Registered No. B C 3733

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1564 N Fremont ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1564 N. Fremont ave

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 22nd 1832

AGE: 74 years, 7 months, 21 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Killian Waykrantz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Lemmert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine B Hulsemann

(Address) 1564 N Fremont ave

Filed 8/14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Aug 13 1907

that I last saw h~~er~~ alive on Aug 12 1907,

and that death occurred, on the date stated above, at 4.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

Been getting gradually weaker for the last year

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) Chas H Barbutt, M.D.

Address 1100 W Lafayette

Date Balto Aug 13 1907

Place of Burial London Park Cemetery

Date August 16th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C 3734 Registered No. B C 3734

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elsie C. Huber

{Residence, if in Baltimore, Give Street and Number.} 503 N. Bradford st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 20th 1907

AGE: ____ years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ____

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John Huber

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country): Balto Ohio

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Huber

(Address) 503 N. Bradford St

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9 1907 to Aug 13 1907 that I last saw h-- alive on Aug 12 1907 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) 4 DAYS

Con'tributory (Primary.) Cholera Infantum

(DURATION) DAYS

(Signed) A S Warner M.D.

Address 1120 Eutaw pl

Date Aug 13 1907

Place of Burial 1st United Evangelical Cemetery

Date AUG 15 1907

Undertaker Christian Miller

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3755 Registered No. B ..... C 3755

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Bayer

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH .....

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Emma Hollyday. Sister

(Address) ..... BAY VIEW ASYLUM

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 12 1907

that I last saw h in alive on Aug 12 1907,

and that death occurred, on the date stated above, at 1130 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

(Signed) R R Kerns M.D.

Address Bay View Asylum

Date Aug 12 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 13 1907 190.....

Undertaker Wm S Wooden

Address 1810 Aiken

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

91

Ward ..... Registered No. B .....

C 3736 C 3736

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Cole

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 75? years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): [illegible]

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holyday, Supt. BAY VIEW ASYLUM.

(Address) .....

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from March 14 1907 to Aug 12 1907

that I last saw him alive on Aug 12 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

Arteriosclerosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date Aug 13 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 13 1907 190

Undertaker Wm J Wooden

Address 1810 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19 2

Ward 14 C 3737 Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Shriver

{Residence, if in Baltimore, Give Street and Number.} 1400 McCulloh St

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~ 1

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Wid

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Cornelius Shriver

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Barrett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella V Shriver

(Address) Frederick Md

Filed Aug 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from (about) July 1 1907 to Aug 13 1907

that I last saw her alive on Aug 13 1907,

and that death occurred, on the date stated above, at 5 1/2 M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer liver

8 mos (DURATION) ... DAYS

Contributory (Primary.) age

(DURATION) ... DAYS

(Signed) David Shutt M.D.

Address 712 Park Ave

Date Aug 14 1907

Place of Burial Frederick Md

Date Aug 14 1907

Undertaker H. Stuckmeyer Sons

Address Cor Eutaw & Lanvale Sts

WM. J. C. DULANY CO., BALTIMORE.

Dr Street — 712 Park Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 C 3738 Registered No. B C 3738 166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Moses Micovetz

{ Residence, if in Baltimore, Give Street and Number. } 29 York st

Duration of Residence in Baltimore. 10 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kath Rumowsk

(Address) 29 E. York St.

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9 1907 to Aug 11 1907

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 2 — P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from having leg crushed by train (accident)

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Humphreys M.D. Coroner

Address 1216 N. Carrollton Ave

Date Aug 14, 1907

Place of Burial Loudon Park Cem

Date August 15 1907

Undertaker Wm. J. Tickner & Sons

Address 425 W. Lamden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — C 3739 — Registered No. B C 3739

CERTIFICATE OF DEATH.

(Place of Death.) No. 410 E. Clement St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Sadie E. Langville

{Residence, if in Baltimore, Give Street and Number.} 410 E Clement

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 27 1861

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Michael Abey

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Mary Livingston

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Langville (Husband)

(Address) 410 E. Clement St.

Filed 8/14 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from Jan 10 1907 to Aug 12 1907 that I last saw h— alive on Aug 11 1907 and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Uterus

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) H. Hen Brooks M.D.

Address 1228 S. Eden St

Date Aug 13 1907

Place of Burial Mount Olivet Cemetery

Date Aug. 14 1907

Undertaker Daniel and Margaret G. Flynn

Address 426 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 1 C 3740 Registered No. B C 3740 v 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 1014 Mc Donough St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Michael C. Tombleson

{ Residence, if in Baltimore, Give Street and Number. } 1014 Mc Donough St

Duration of Residence in Baltimore. 1

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 16 1832

AGE 75 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) N. J.

FULL NAME OF FATHER Samuel Tombleson

BIRTHPLACE OF FATHER (State or country) N. J.

MAIDEN NAME OF MOTHER Rachel Smith

BIRTHPLACE OF MOTHER (State or country) N. J.

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Tombleson

(Address) 1014 Mc Donough

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 20th 1907 to Aug 13th 1907

that I last saw him alive on August 12th 1907

and that death occurred, on the date stated above, at 1.3 P. M. CAUSE OF DEATH (Secondary or Immediate

Valvular Dis Heart

Cerebral Hemorrhage (DURATION) Instantaneously DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. C. Stone M.D.

Address 1501 E Eager st

Date Aug 13th 1907

Place of Burial Vineland, N. J.

Date Aug. 16 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 3741 Registered No. B C 3741

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen Hosp — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matthew E Hampshire

{Residence, if in Baltimore, Give Street and Number.} 2919 Cedar Ave.

Duration of Residence in Baltimore. 9 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: — — 1 —

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm Hampshire

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth Boobs.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Farm keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B F Hampshire

(Address) 1044 W Franklin

Filed 8/14 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 14 1907 that I last saw h— alive on Aug 14 1907 and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Acute Alcoholism with Heart

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever?

(DURATION) DAYS

Potent cause in hosp. Aug 13. 8 A.M. Time morphine for. Diagnosis

(Signed) L. W. McKean M.D.

Address Md. Gen. Hosp.

Date Aug 14 — 1907

Place of Burial Hampstead Md

Date Aug 15 1907

Undertaker F & C Marshall

Address 3539 Fall Road

W. M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward K C 3742 Registered No. B C 3742

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 321 N Fremont St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Suckstadt

{Residence, if in Baltimore, Give Street and Number.} 321 N Fremont St

Duration of Residence in Baltimore. Life since in America

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 16 1862

AGE: 44 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Joseph Stadtt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosanna Gardner

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Suckstadt

(Address) 321 N Fremont

Filed Aug 14 1907

HARRY C. ... PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 12 1907

I HEREBY CERTIFY, That I attended deceased from July 20 1907 to August 12 1907

that I last saw h.. alive on Aug 12 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

& intestinal obstruction

(DURATION) 22 DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Shepherd Brain M.D.

Address 301 N Fremont St

Date August 13th 1907

Place of Burial Holy Redeemer

Date Aug 16 1907

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1907

CERTIFICATE OF DEATH.

Registered No. BC 3743

City of Baltimore, (No. 1327, Woodyear St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose Riley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1839 (Year)

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Mc. Mahon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Nancy Campbell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Store Keeper (Grocery Confec)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dressel

(Address) 1327 Woodyear St

Filed 8/14 1907 MARY C. ANDR... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 28th 1907 to Aug. 13th 1907

that I last saw her alive on Aug 13th 1907,

and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Mitral Insufficiency

6 months (DURATION)

Contributory Atrophic Cirrhosis of the Liver (DURATION) 18 DAYS

(Signed) William J. Sullivan M. D.

1907 (Address) 1701 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Aug 16th 1907
UNDERTAKER	ADDRESS
A Fahey & Sons	616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 3rd

Registered No. B 3144

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 854 S. Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Berezki

{Residence, if in Baltimore, Give Street and Number.} Balto.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August 3d 1907

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Illegitimate

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Ludwika Kuczaska

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwika Berezka

(Address) 854 S. Bond st

Filed 8/14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 13 1907

I HEREBY CERTIFY, That I attended deceased from August 12 1907 to August 12 1907 that I last saw him alive on August 12 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Debility (DURATION) 8 DAYS

Contributory (Primary.) Enteritis (DURATION) 2 DAYS

(Signed) J. J. Szymanski M.D.

Address 722 S. Ann st

Date August 13 1907

Place of Burial St. Alphonsus

Date Aug. 14 1907

Undertaker Frank Leach

Address 1904 Ashland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3745 Registered No. B [redacted] 179

CERTIFICATE OF DEATH.

C 3745

(Place of Death.) No. 10 Madison St Waverly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo [redacted] Kuhn

{Residence, if in Baltimore, Give Street and Number.} 10 Madison St, Waverly

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	Jan 17 1902
AGE	years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimd.
FULL NAME OF FATHER	Thomas R Cole
BIRTHPLACE OF FATHER (State or country)	Baltimd
MAIDEN NAME OF MOTHER	Mary B Smith
BIRTHPLACE OF MOTHER (State or country)	Baltimd.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary McAleer

(Address) 10 Madison St

Filed 8/14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug. 13 1907

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to aug 13 1907

that I last saw h[illegible] alive on aug 12 1907,

and that death occurred, on the date stated above, at 1[illegible]

M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

1 Month (DURATION) DAYS

Contributory (Primary.) Congenital debility

4 Months (DURATION) DAYS

(Signed) John J Kuhn M.D.

Address 428 Gorsuch ave

Date aug 13 1907

Place of Burial Holy Cross

Date aug 14 1907

Undertaker E A Friedsell Jr

Address 2113 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 3746 Registered No. B C 3746

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 St. Anns Ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Samuel H Barry.

{Residence, if in Baltimore, Give Street and Number.} 5 St Anns Ave

Duration of Residence in Baltimore. 71 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 12 1825

AGE 81 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Alexander, Va

FULL NAME OF FATHER James Casey Barry

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Martha M. Cridge

BIRTHPLACE OF MOTHER (State or country) U.S.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas F. Barry

(Address) 5 St Anns Ave

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1907

I HEREBY CERTIFY, That I attended deceased from August 6 1907 to August 13 1907

that I last saw h[illegible] alive on Aug 12 1907

and that death occurred, on the date stated above, at 5.20 a.m. CAUSE OF DEATH (Secondary or Immediate)

Arterio-sclerosis.
Interstitial Nephritis
Fibroid heart.

(DURATION) DAYS

Con'ributory (Primary.) Old age

(DURATION) DAYS

(Signed) Reginald J Tonry M.D.

Address 2206 York Road

Date August 13 1907

Place of Burial New Cathedral

Date Aug 16th 1907

Undertaker C A Wiedefeld Jr.

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 3747 Registered No. B C 35472

164

CERTIFICATE OF DEATH.

(Place of Death.) No. No University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hiram Hammond

{Residence, if in Baltimore, Give Street and Number.} Glen Burnie Anne Arundel Co.

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR C

DATE OF BIRTH ...1...

AGE 29 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Basil Queen

(Address) Glenburnie C.C. Co.

Filed Aug 14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from an owner 190 to 190

that I last saw h... alive on ...190...,

and that death occurred, on the date stated above, at...

...M. CAUSE OF DEATH (Secondary or Immediate.)

Broken neck.

Fell in wrestling accident

...(DURATION)... DAYS

Contributory (Primary.)...

...(DURATION)... DAYS

(Signed) P T Martin M.D.

Address ...

Date Aug 14 1907

Place of Burial Glenburnie C.C. Co. Md.

Date Aug 14 1907

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3748 Registered No. B 1041

CERTIFICATE OF DEATH.

(Place of Death.) No. 1505 Presstman St (St Augustines Home) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Delafield Ross

{ Residence, if in Baltimore, Give Street and Number. } 1505 Presstman St.

Duration of Residence in Baltimore. Lifetime C 3744

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Ross.

BIRTHPLACE OF FATHER (State or country) West Indies

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Turner

(Address) 1505 Prestman

Filed Aug 14 1907 HARRY C. AMOS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Aug 14 1907 that I last saw her alive on Aug 13 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) — DAYS

Contributory (Primary.) Gastritis

(DURATION) — DAYS

(Signed) George C. Shannon M.D.

Address 1442 Presstman St

Date Aug 14 1907

Place of Burial Mt Hope

Date Aug 15 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3749 Registered No. B C 3749 69

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 Woodyer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Jones

{Residence, if in Baltimore, Give Street and Number.} 826 Woodyer St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem	Colored

DATE OF BIRTH: Aug. 11th 1878

AGE: 29 years, 00 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Jones

(Address) 826 Woodyer St

Filed 8/14 190 7 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 12th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Epilepsy

about six hrs. (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. ave. (Canton)

Date Aug 12th 1907

Place of Burial Cat Auburn Cem

Date Aug 15 1907

Undertaker Wm J. Johnson

Address 614 E Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 3750 Registered No. B C 3750

105

CERTIFICATE OF DEATH.

(Place of Death.) No. × 1142 Philpot st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sam. Freed

{Residence, if in Baltimore, Give Street and Number.} × 1142 Philpot st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Morris Freed

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bessie Freed

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Freed

(Address) 1142 Philpot St.

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 14 1907 that I last saw h— alive on Aug 13 1907 and that death occurred, on the date stated above, at 9 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'tributory (Primary.) Cholera Infantum

5 days (DURATION) DAYS

(Signed) C. F. Blake M.D.

Address 1573 Bank

Date Aug 14 1907

Place of Burial Roas Park Cemetery

Date Aug 14, 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 3751 Registered No. B .....

CERTIFICATE OF DEATH.

C 3751 4 164

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Clark.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 12 Years

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR White	DATE OF DEATH Aug. 13 1907
DATE OF BIRTH June 21 1	I HEREBY CERTIFY, That I attended deceased from Jan 18 1907 to Aug 13 1907
AGE 80 years, ... months, ... days	that I last saw h alive on Aug 13 1907,
SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed	and that death occurred, on the date stated above, at 12 A.M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Baltimore	Oedema of Lungs
FULL NAME OF FATHER William Clark	
BIRTHPLACE OF FATHER (State or country) Dont Know	(DURATION) ..... DAYS
MAIDEN NAME OF MOTHER Dont Know	Contributory (Primary.) Fracture neck of femur (DURATION) ..... DAYS
BIRTHPLACE OF MOTHER (State or country) Dont Know	(Signed) R R Norris M.D.
OCCUPATION OF DECEASED Laborer.	Address Bay View Hospl.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Date Aug. 13 1907
(Informant) Chas Holyday, Supt.	Place of Burial Baltimore Cemetery
(Address) BAY VIEW ASYLUM.	Date Aug 15 1907
Filed 8/14 1907 Registrar	Undertaker Geo Weber
	Address 1135 W. Carey st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 109 Gittings St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Albert Seltzer

{Residence, if in Baltimore, Give Street and Number.} 109 Gittings

Duration of Residence in Baltimore. Infant

C 37 52

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 29th 1906
AGE	1 years, 3 months, 15 days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Albert J. Seltzer
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary Hades
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert J. Seltzer

(Address) 109 Gittings

Filed 8/14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 13 1907

that I last saw h[illegible] alive on Aug 13 1907

and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) H. Theo Thomas M.D.

Address 1228 Chapel

Date Aug 14 — 1907

Place of Burial Holy Cross C.C. Co

Date Aug 15th 1907

Undertaker Jos. Huntebecke

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3753

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 Pearl Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Curcio

{ Residence, if in Baltimore, Give Street and Number. } Baltimore 125 Pearl st

Duration of Residence in Baltimore. Life

C 3 N 55

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 18 August 1906

AGE 1 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Nicolo Curcio

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Di Pasare Giuseppa

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavia De Matteo

(Address) 207 S. Wolfe Sts.

Filed 1907 190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 13 August 1907

I HEREBY CERTIFY, That I attended deceased from 9 August 1907 to 13 August 1907

that I last saw h— alive on 13 August 1907,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Dentition

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barone M.D.

Address 204 N. Greene st

Date 190

Place of Burial St. Vincents Cem

Date Aug. 14 1907

Undertaker Germanus Thanner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 bz C 3754 Registered No. B [illegible] 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 Streeper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret-Ann Eliason

{Residence, if in Baltimore, Give Street and Number.} 1103 Streeper St.

Duration of Residence in Baltimore. Life C 3754

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 1865

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Patrick Berry

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Cunningham

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Lilley

(Address) 403 E. Wolfe St.

Filed 8/14 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug - 13 190 7

I HEREBY CERTIFY, That I attended deceased from Aug 6th 190 7 to Aug 13 190 7

that I last saw her alive on Aug 13 190 7,

and that death occurred, on the date stated above, at 2-10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 14 DAYS

Contributory (Primary.) Exhaustion (DURATION) [illegible] DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton Ave

Date Aug 13 190 7

Place of Burial Mount Carmel Cemetery

Date Aug 14th 190 7

Undertaker Germaine France

Address Bank & Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 3755 Registered No. B 9 3755

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Devine

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1842

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Devine

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Jordan

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 8/14" 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Augth 13 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on Aug 11 1907

and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Arteria degeneration

Arteio Sclerosis

Unknown (DURATION) DAYS

Contributory (Primary.) Myocardial degeneration

Unknown (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Aug 13 1907

Place of Burial Cathedral

Date Aug 16 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B C 3756

C 3756

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 821 Wilson, Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hering

{Residence, if in Baltimore, Give Street and Number.} 1404 Brunt Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: cl

DATE OF BIRTH: 1

AGE: 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Hanning

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Bessie Brown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 13 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to aug 13 1907 that I last saw him alive on aug 13 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pleo Colitis.

Malnutrition.

Rickets.

(DURATION) DAYS.

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry L. Whittle M.D.

Address Baltimore Md

Date aug 14 1907

Place of Burial Mt Auburn Cemetery

Date Aug 15 1907

Undertaker John F. Bruhn

Address 1107 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, color and condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 357

City of Baltimore, (No. 730 W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and No.]

FULL NAME William A. Hopkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Unknown~~ (Month) 1 (Day) 1907 (Year)

AGE: — years, 7 months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William H Hopkins

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary A Hopkins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hopkins

(Address) 730 W Lexington

Filed 8/14 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 13 1907 to Aug. 14 1907

that I last saw h— alive on Aug 14 1907

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Chronic Indigestion

(DURATION) 21 DAYS

Contributory Intestinal

(DURATION) DAYS

(Signed) Jas L. Thrall M. D.

Aug 14 1907 (Address) 1819 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Princess Anne Md. How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Kent Island	Aug 15 1907
UNDERTAKER	**ADDRESS**
Wilbur W Shaw	916 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B ..... D 3708 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1724 Greendalbury place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Williams

{Residence, if in Baltimore, Give Street and Number.} 1724 Greendalbury place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: — years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward Williams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Helen Lemmon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: William Lemmon

Address: 1724 Greendalbury St

Filed: Aug 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 14 1907

that I last saw her alive on Aug 14 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate):

Marasmus,

spasms, continued

(DURATION) 21 DAYS

Contributory (Primary) spasms

(DURATION) 21 DAYS

(Signed) Dr Wm F Kennard M.D.

Address 708 Ensor St

Date 8-14-1907

Place of Burial Mt Auburn Cemetery

Date Aug 15th 1907

Undertaker Fidelity B Dye

Address 1022 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 3759 Registered No. B 1067

CERTIFICATE OF DEATH.

(Place of Death.) No. 1365 Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Wilkerson

{Residence, if in Baltimore, Give Street and Number.} 1365 Calhoun st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ... 1...

AGE 94 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) — —

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Johnson

(Address) 614 Baker st

Filed 8/15" 1907 HARRY C. ANDR... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to Aug 14 1907 that I last saw h... or ... alive on Aug 12 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age.

(DURATION) ... DAYS

Contributory (Primary.) Diarrhoea & Indigestion

(DURATION) ... DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Presstman st

Date Aug 14 1907

Place of Burial Mt Auburn

Date Aug 15 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] Registered No. B 3760

175

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ of Maryland Hosp. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Maggie Ashley

{Residence, if in Baltimore, Give Street and Number.} 616 Hanover St.

Duration of Residence in Baltimore. Unknown B3760

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1869

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tobacco Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Bielefelt

(Address) 621 Hanover st

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from As known to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate) Carbolic acid Poison, taken by mistake while dopping from melancholia,

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. D. Ifeldenstein Coroner M.D.

Address 211 E. Lanvale

Date Aug 14 1907

Place of Burial Holy Cross R.C. Co

Date Aug 15 1907

Undertaker F. A. Kranse & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C 3761 Registered No. B C 3761

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 N Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosa Pistorio (Pistorio)

{Residence, if in Baltimore, Give Street and Number.} 412 N Eden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 | COLOR W

DATE OF BIRTH March 14 1907

AGE — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Joseph Pistorio

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Mary DeDomenico

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Pistorio

(Address) 412 N. Eden St.

Filed 8/15 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to May 14 1907

that I last saw h alive on May 14 1907

and that death occurred, on the date stated above, at —M.

CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

Con'ributory (Primary.) (DURATION) 3 DAYS

(Signed) J Nacalmo M.D.

Address 16 S Broadway

Date May 14 1907

Place of Burial St. Vincents Cem.

Date Aug 15 1907

Undertaker Germanus Franco

Address 1 Bank & Wolfe Sts.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward V C 3762 Registered No. B C 3762

27 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 Stafford Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Pearl Stewart

{Residence, if in Baltimore, Give Street and Number.} 107 Stafford Street

Duration of Residence in Baltimore. 18yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 190

AGE 22 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co. Md

FULL NAME OF FATHER John W Zink

BIRTHPLACE OF FATHER (State or country) Howard Co Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Zink

(Address) 107 Stafford St

Filed 8/15 1907

WM. J. C. DULANY, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 13 1907

that I last saw her alive on Aug 13 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

3 hrs (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 yrs

(Signed) Geo Wade M.D.

Address 1903 W Baltimore St

Date Aug 14 1907

Place of Burial Woodlawn Cem Ellicott City

Date Aug 15 1907

Undertaker John Cook

Address 506 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3763

CERTIFICATE OF DEATH.

C 3763
10 6

(Place of Death.) No. 600 N. Eutaw St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Charles Albert Harrison

{ Residence, if in Baltimore, Give Street and Number. } 600 N. Eutaw St.

Duration of Residence in Baltimore. 3 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Sept 10 1907

AGE 6 years, 11 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Conn.

FULL NAME OF FATHER Strobo Harrison

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Estella Knight ~~Crosby Harrison~~

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Rev. A. A. Harrison

(Address) 600 N. Eutaw St.

Filed 8/15 1907

MARY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug — 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 13 1907 that I last saw h— alive on Aug 13 1907, and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteri - Colitis

— (DURATION) — DAYS

Contributory (Primary.) Exhaustion (DURATION) — DAYS

(Signed) S. B. Hughes M.D.

Address 705 George St.

Date Aug — 13 — 1907

Place of Burial Laurel

Date August 15 1907

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3764

City of Baltimore, (No. 913 N. Dr. Dennigh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Fowler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: June 10 (Month) (Day) 1906 (Year)

AGE: ~~ years, 14 months, days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dallas Isaiah Fowler

BIRTHPLACE OF FATHER (State or country): St Mary's Co.

MAIDEN NAME OF MOTHER: Daisy Barnes

BIRTHPLACE OF MOTHER (State or country): St. Mary's Co

OCCUPATION OF DECEASED: ~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret T. Bonner

(Address) 2614 Blunt St.

Filed 8/15 1907

BY C. ANDERSON PER T. CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from aug 7 1907 to ~~ 190~~

that I last saw h~~im~~ alive on Aug 7 1907,

and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Diarrhoea

(DURATION) 3 wks

Contributory ~~

(DURATION) ~~ DAYS

(Signed) Caroline B. Fowler M. D.

1907 (Address) Johns Hopkins Hospital ~~The Coast~~ Dispensary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ~~

How long at Place of Death 7 Days

Where was disease contracted, if not at place of death? ~~

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Aug 15 1907

UNDERTAKER: R F Elliott

ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B C 3765

C 3765

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 613 S. Green St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary F. Craven

{ Residence, if in Baltimore, Give Street and Number. } 613 S. Green St.

Duration of Residence in Baltimore, Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Col

DATE OF BIRTH: ..... 1 .....

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Thomas Craven

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Bridget Cain

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecelia Mc Hartow

(Address) 613 S. Green

Filed 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14, 1907

I HEREBY CERTIFY, That I attended deceased from July 8, 1907 to August 14, 1907 that I last saw h[illegible] alive on August 13, 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastro-Enteritis

(DURATION) 11 DAYS

Contributory (Primary.) Chronic Interstitial Nephritis, (DURATION) 4 months

(Signed) Albert T. Chambers. M.D.

Address 614 S. Paca St.

Date August 15, 1907

Place of Burial St Patricias

Date Aug 17 1907

Undertaker Lombard C

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B ..... C 3766

C 3766

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 Jefferson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Warnicke

{Residence, if in Baltimore, Give Street and Number.} 1400 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: ..... 1 .....

AGE: 52 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widowed.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Warnicke

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Louise Beckett

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Varnisher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Warnicke

(Address) 1327 W Fayette St

Filed ..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 13th 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Aug 13th 1907

that I last saw h.. alive on 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

2 Months (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F. A. Sann M.D.

Address 1400 Jefferson

Date Aug 14th 1907

Place of Burial Western.

Date Aug 16/07 190 ....

Undertaker Lowe Cook

Address 502 E North

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. B .....

C 3767

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 E. 24th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas. Huggins

{ Residence, if in Baltimore, Give Street and Number. } 113 E. 24th St. -

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: White

DATE OF BIRTH: Aug. 14, 1907

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos. J. Huggins

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Magraw

BIRTHPLACE OF MOTHER (State or country): Ceci Co., Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Smith Jr.

(Address) 2205 St. Paul St.

Filed 8/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 14, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1907 to Aug 14, 1907 that I last saw h[illegible] alive on Aug 14 1907, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) J. H. Smith Jr. M.D.

Address 2205 St. Paul St.

Date Aug. 14, 1907

Place of Burial Greenmount Cem.

Date Aug 15 1907

Undertaker Lewis Cook

Address 502 E. Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **fifteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3768

Registered No. B 14

City of Baltimore, (No. 153 N. Luzerne St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bridget Gallagher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Mar. 16 (Month) 1842 (Day) (Year)

AGE: 65 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Martin Burke

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Burke

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Gallagher

(Address) 153 N. Luzerne St.

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1907 to Aug 13th 1907

that I last saw her alive on Aug 12th 1907,

and that death occurred, on the date stated above, at 6.15 a. M. The CAUSE OF DEATH was as follows:

Exhaustion due to
Dependent secondary
to ..... (DURATION) 9 DAYS

Contributory Left Hemiplegia (DURATION) 4 yrs DAYS

(Signed) Arthur Lebb M. D.

Aug 14th 1907. (Address) 2011 E. Pratt St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Aug 16 1907
UNDERTAKER	ADDRESS
Jno. A. Inman	Bank & Amity

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 3769 Registered No. B 3769

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 Bank St (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret E. Walsh

{Residence, if in Baltimore, Give Street and Number.} 212 Bank St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	July 14 1863
AGE	44 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Michael Walsh
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Malone
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Baltimore Police Dept

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joanna Walsh

(Address) 840 N. Fayette St

Filed ..... 190 ..... Registrar

8/15 7

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13- 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to Aug 13 1907

that I last saw her alive on Aug 13 1907

and that death occurred, on the date stated above, at 7.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) 26 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Geo E Blades M.D.

Address 1143 N Bway

Date Aug 14 1907

Place of Burial Holy Cross Cem

Date aug. 16th 1907

Undertaker Jno A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. Md. Genl Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1360 Whatcoat St

B 3770

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: — — 1—

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Russell

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Samuel Johnson

(Address) 1360 Whatcoat St

Filed ..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Aug 14 1907

that I last saw h alive on Aug 14 1907

and that death occurred, on the date stated above, at 6 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Ex Lues Cerebri

(DURATION) — DAYS

Contributory (Primary.) Concussion of Stomach

(DURATION) — DAYS

(Signed) J C Mohan M.D.

Address Md. Genl Hosp

Date Aug 15 1907

Place of Burial Mt Auburn

Date Aug 16th 1907

Undertaker Hammett & Wright

Address 1364 N Caroy St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 3771

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Jackson

{Residence, if in Baltimore, Give Street and Number.} 1503 E. Monument Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Nov 24 1874

AGE: 33 years, 8 months, 21 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Jackson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jackson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jackson

(Address) 1503 E Monument St

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to Aug 14 1907

that I last saw him alive on Aug 14 1907,

and that death occurred, on the date stated above, at 9 45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date Aug 15 1907

Place of Burial Asbury Evergreen Cemetery

Date Aug 16 1907

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3772 Registered No. B

CERTIFICATE OF DEATH.

27 C

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James O'Meara

{Residence, if in Baltimore, Give Street and Number.} 1845 S. Charles St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1840

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Building. 5/10

(Address) BAY VIEW ASYLUM.

Filed Dec 5 1907 Registrar

HARRY C. ANDREWS, PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 13 1906 to Aug 13 1907

that I last saw h. in alive on Aug 13 1907,

and that death occurred, on the date stated above, at 1.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary.) Pulmonary

Tuberculosis (DURATION) ... DAYS

(Signed) E. K. Vonnie M.D.

Address Bay View Hospl.

Date Aug. 13 1907

Place of Burial Cedar Hill Cem

Date Aug 15 1907

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3473 Registered No. B [illegible]

5-6

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital - Baltimore, Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morris Shanks

{ Residence, if in Baltimore, Give Street and Number. } 407 St. Paul St

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 1st 1869

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): St Mary's Md

FULL NAME OF FATHER: Robert Morris Shanks

BIRTHPLACE OF FATHER (State or country): St Marys Md

MAIDEN NAME OF MOTHER: Mary A Blakistone

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: Doctor M D

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. B. Shanks

(Address) 826 N. Franklin

Filed 8/15 190 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1907

I HEREBY CERTIFY, That I attended deceased from August 12 1907 to August 13 1907

that I last saw h[illegible] alive on August 13 1907

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Alcoholism

(DURATION) ..... DAYS

Contributory (Primary.)

Alcoholism Acute (DURATION) ..... DAYS

(Signed) Martin D Steele M.D.

Address City Hospital

Date August 13 1907

Place of Burial Baltimore Cemetery

Date Aug 15th 1907

Undertaker Geo Bent

Address 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 C 3774 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary. Althoff

{Residence, if in Baltimore, Give Street and Number.} 1711 Bradford n-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 27th 1906

AGE: — years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: aug Althoff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Matilda Bucking

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm aug Althoff

(Address) 1711 Bradford St

Filed 8/15 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9th 1907 to Aug 14 1907 that I last saw h im alive on Aug 14 1907, and that death occurred, on the date stated above, at 12 — M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 10 DAYS

Contributory (Primary.) Cholera Infantum (DURATION) ..... DAYS

(Signed) Edw Kemp M.D.

Address 517 Lodor St

Date Aug 14 - 07 190

Place of Burial Loudon Park

Date Aug 16th 1907 190

Undertaker Geo Burk

Address 534 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

28

CERTIFICATE OF DEATH.

C 37775

Registered No. B .....

City of Baltimore, (No. 2228 E Chase St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ernest E Roach

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: Sept (Month) 14 (Day) 1900 (Year)

AGE: 6 years, 11 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: J Vincent Roach

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Florence Moran

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ns

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Vincent Roach

(Address) 2228 E Chase

Filed 8/15 190.. HARRY O. ANDR... PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 12 1907 that I last saw h.. alive on Aug 12 1907, and that death occurred, on the date stated above, at 2.30 a. m. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 10 DAYS

Contributory Tuberculous Meningitis

(DURATION) 14 days

(Signed) R G Davis M. D.

Aug 14 1907 (Address) 1507 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Aug 16th 1907

UNDERTAKER: J. Konig & Son — ADDRESS: 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

130

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgia Crump

{ Residence, if in Baltimore, Give Street and Number. } 1337 N. Carey St

B 3996

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Dennis

(Address) 1332 Pressman St

Filed 8/15 1907

HARRY [illegible] PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to August 12 1907

that I last saw h[illegible] alive on August 12 1907,

and that death occurred, on the date stated above, at 4.05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General peritonitis

(DURATION) DAYS

Contributory (Primary.) Pelvic abscess (DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date Aug 12 1907

Place of Burial Mt Auburn

Date Aug the 16 1907

Undertaker JAMES H. DENNIS

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 3777 Registered No. B C 3777V

CERTIFICATE OF DEATH.

91

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Garrigan

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1840

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Ben Garrigan

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Glasforth

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Peddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley

Filed Aug 15 1907 Registrar

BARRY C. KNUPP PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug: 13th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to 190

that I last saw him alive on Aug 10 1907

and that death occurred, on the date stated above, at 11 p.m. CAUSE OF DEATH (Secondary or Immediate.)

Chronic bronchitis

Unknown (DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Aug 14 1907

Place of Burial St Peters

Date Aug 16th 1907

Undertaker John L Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

108

C 3778

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 119, Hollins Alley St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adel Phillipps.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 8 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City.

FULL NAME OF FATHER: John Phillipps

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lotta Doll

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Lombard

Filed 8/15 190 7. HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 13th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 6th 1907 to Aug. 12 1907 that I last saw h[er] alive on Aug. 12 1907, and that death occurred, on the date stated above, at 12:15 A. M. The CAUSE OF DEATH was as follows:

Septic Peritonitis

(DURATION) 4 DAYS

Contributory Obstruction of Bowels

(DURATION) 48 ~~DAYS~~

(Signed) R. A. Warner M. D.

8/14 1907 (Address) 873 N. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Aug 15th 1907
UNDERTAKER	**ADDRESS**
John J. Fields	1200 N. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

164V

CERTIFICATE OF DEATH. C 3779

Registered No. B

City of Baltimore, (No. 0 Forth St and Beech Ave St., Walbrook Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eleanor G. Kent

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: — (Month) 1 (Day) — Year)

AGE: 86 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Kent

(Address) Walbrook —

Filed 8/15 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to Aug 15 1907 that I last saw h[illegible] alive on Aug 14 1907, and that death occurred, on the date stated above, at 12 30 A. M. The CAUSE OF DEATH was as follows:

Fracture of Femur

(DURATION) 16 DAYS

Contributory Asthenia due to age (DURATION) 16 DAYS

(Signed) Duncan Mac Calman M. D.

Aug 15 1907 (Address) 1107 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 16 1907

UNDERTAKER: Geo J Smith & Co — ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B ..... (Colored)

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 125 S. Appleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Henry Gardner

{Residence, if in Baltimore, Give Street and Number.} 125 S. Appleton St

Duration of Residence in Baltimore. Lifetime

B 3780

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 1st 1844
AGE	63 years, 7 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto city
FULL NAME OF FATHER	Geo W. Gardner
BIRTHPLACE OF FATHER (State or country)	Balto city
MAIDEN NAME OF MOTHER	Sarah Gardner
BIRTHPLACE OF MOTHER (State or country)	Balto city
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Gardner Jr

(Address) 207 S. Gilmor St

Filed Aug 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14" 1907

I HEREBY CERTIFY, That I attended deceased from July 30th 1907 to Aug 14" 1907

that I last saw h... alive on Aug 14" 1907

and that death occurred, on the date stated above, at 4.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 2 DAYS

Con'tributory (Primary.) Parenchymatous nephritis (DURATION) 13 DAYS

(Signed) M Blanc M.D.

Address 1101 S. Edmondson Ave

Date Aug 14" 1907

Place of Burial London Park

Date Aug 16th 1907

Undertaker Geo. J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Reg. No. .....

CERTIFICATE OF DEATH.

27 L

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Adams

{ Residence, if in Baltimore, Give Street and Number. } .....

B. 378 T

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Colored
DATE OF BIRTH 1	
AGE 28 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	
BIRTHPLACE (State or country) Richmond Va.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed Aug 14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to Aug 14 1907

that I last saw him alive on Aug 14 1907 ;

and that death occurred, on the date stated above, at 7 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

Tuberculosis (DURATION) ..... DAYS

(Signed) R R Norris M.D.

Address Bay View Asylum

Date Aug. 14 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 14 1907 190 ....

Undertaker Wm. J. C. Dulany

Address 1811 Aiken St.

WM. J. C. DULANY CO., BALTIMORE.

19w

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 3782

61

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Genl Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Spears

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

B 3782

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR white

DATE OF BIRTH —

1

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Mass.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Civil Engineer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed ... 190...

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 14 1907

I HEREBY CERTIFY, That I attended deceased from aug 11 1907 to aug 14 1907

that I last saw him alive on aug 14 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) DAYS

Contributory (Primary.) Meningitis

(DURATION) DAYS

(Signed) Leo M. Kean M.D.

Address The Genl Hosp.

Date aug 14 — 1907

JOHNS HOPKINS HOSPITAL
AUG 14 1907
Commissioner Health

Place of Burial ...

Date ... 190...

Undertaker ...

Address Department of Health

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8/11/07

Ward 4 Registered No. B

CERTIFICATE OF DEATH. 79

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Riley

{ Residence, if in Baltimore, Give Street and Number. } 1134 Block st

B 3178

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Boston, Mass.

FULL NAME OF FATHER: Patrick Reily

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Oysterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B S Stanley

(Address) 216 N Caroline St

Filed Aug 15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 6 07 190

I HEREBY CERTIFY, That I attended deceased from Coroner's 190 to Case 190

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj S Stanley M.D. Consg.

Address 216 N Caroline St

Date Aug 14 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 14 1907 190

Undertaker Commissioner Health

Address Dead Department

FOR ANATOMICAL PURPOSE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

C 3784

176

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Gen Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Wortl

{ Residence, if in Baltimore, Give Street and Number. } Act Co

Duration of Residence in Baltimore. —

B. 3784

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 56 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Died 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 1 1907

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

1. Sepsis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Martin M.D.

Address .....

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 14 1907 190

Undertaker Commissioner Pub Health Department

Address

WM. J. C. DULANY CO., BALTIMORE.

Morgue.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

185

Ward ... Registered No. B ... C 3785 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 145 Stockholm St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Vernon H Young

{Residence, if in Baltimore, Give Street and Number.} 143 Stockholm

Duration of Residence in Baltimore. life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 23 1907

AGE: — years, 2 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm A Young

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Dora Willet

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Young

(Address) 145 W. Stockholm

Filed Aug 15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 13 1907 that I last saw him alive on Aug 13 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis.

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L E. Brack M.D.

Address 837 N. Fayette St

Date Aug 15 1907

Place of Burial MOUNT OLIVET. AUG 15 1907

Date 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, color, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

CERTIFICATE OF DEATH.

Registered No. B C 3786

City of Baltimore, (No. 1417 Mosher St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Taylor.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Timothy Lynch

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Colg

(Address) 1417 Mosher

Filed ..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 13 1907 that I last saw her alive on Aug 13 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

(DURATION) 6 mos.

Contributory Uremic Convulsions

(DURATION) one DAYS

(Signed) Theodore F. Thedman M.D.

Aug 13 1907 (Address) 1304 N Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philadelphia Pa	Aug 15 1907
UNDERTAKER	ADDRESS
Armstrong Denny Co.,	715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

Ward ... Registered No. D ...

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 72 Thomas William Lanahan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Benda

{ Residence, if in Baltimore, Give Street and Number. } 2217 Preston Place

Duration of Residence in Baltimore. Jno

D. 3191

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: ... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James Benda

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Anni Lawry

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Benda

(Address) 2217 Preston Place

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 13 1907

that I last saw h[illegible] alive on Aug 13 1907,

and that death occurred, on the date stated above, at ...

11. CAUSE OF DEATH (Secondary or Immediate.)

malnutrition

dyspepsia chronic

6 wks. (DURATION) ... DAYS

Con'tributory (Primary.) ...

(DURATION) ... DAYS

(Signed) J. Wm. Knox Jr. M.D.

Address 804 Cathedral St

Date Aug 14 1907

Place of Burial St Alphonsus

Date Aug. 15 1907

Undertaker Frank Koch

Address 1904 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 3183 Registered No. B .....

CERTIFICATE OF DEATH.

87

(Place of Death.) No. 1709 Hanover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William C. Gontrum

{Residence, if in Baltimore, Give Street and Number.} 1709 Hanover st.

B 3784

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: Mar 12 1836

AGE: 71 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Lancaster, Pa.

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): dont know

OCCUPATION OF DECEASED: Brick maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E Gontrum

(Address) 1709 Hanover st.

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 14 1907 that I last saw him alive on Aug 14 1907, and that death occurred, on the date stated above, at 12.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

Cerebral Embolism

(DURATION) 14 DAYS

Contributory (Primary.) Embolism

(DURATION) 3 DAYS

(Signed) Robt B. P. Schmidt M.D.

Address 1318 E. Baltimore St.

Date Aug 14 1907

Place of Burial Loudon Park

Date Aug 17 1907

Undertaker William Cook

Address 1028 Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3789 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No 1238 Sargeant St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Jones

{Residence, if in Baltimore, Give Street and Number.} 1238 Sargeant St

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1

AGE 63 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Isaac D. Joyce

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Clark

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R. Jones

(Address) 1238 Sargeant St.

Filed Aug 16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 15 1907

that I last saw her alive on Aug 14 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Infantile

(DURATION) 4 DAYS

Contributory (Primary.) Cholera

(DURATION) 2 DAYS

(Signed) Edw J Gruenfeld M.D.

Address 617 Lexington

Date Aug 15th 1907

Place of Burial Rock Hall Kent Co Md

Date Aug 17 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 3790 Registered No. B 3790 V

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 S Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Clinton

{Residence, if in Baltimore, Give Street and Number.} 412 S Ann St—

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Ignatz Clinton

BIRTHPLACE OF FATHER (State or country) Russia Poland.

MAIDEN NAME OF MOTHER Cordner Tgarnik

BIRTHPLACE OF MOTHER (State or country) Russia Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ig. Clinton

(Address) 412 S. Ann St

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 = 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h ~~alive~~ on ~~1907~~,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Dual Intubation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Spedden M.D.

Address 320 N Greene St

Date Aug 15 1907

Place of Burial Holy Rosary

Date Thursday Aug 16 1907

Undertaker M. A. Sachowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3791 Registered No. B ..... C 3791

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ofcaszak

{ Residence, if in Baltimore, Give Street and Number. } 1613 Lancaster

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md.

FULL NAME OF FATHER: Joseph Ofcaszak.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Julia Witkowska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Ofcaszak.

(Address) 1613 Lancaster St

Filed Aug 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 13 1907

that I last saw her alive on Aug 12 1907,

and that death occurred, on the date stated above, at 1 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 hr DAYS

Contributory (Primary.) Indigestion

(DURATION) 2 DAYS

(Signed) A. J. Valentine M.D.

Address 16 S Broadway

Date Aug 13 1907

Place of Burial Holy Rosary.

Date Thursday Aug 15th 1907

Undertaker M. A. Sadowski.

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Goodmen

{ Residence, if in Baltimore, Give Street and Number. } # 406 S. Caroline St.

Duration of Residence in Baltimore. Lifetime B 3792

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH ..... 1 .....

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Geo Goodman.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Goodman.

(Address) 406 S. Caroline

Filed 8/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 15 1907 that I last saw him alive on Aug 14 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(Eight months Pregnancy) 1

(DURATION) 1 DAY

Contributory (Primary.) General debility (DURATION) 1 DAY

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anna St

Date Aug 15 1907

Place of Burial Holy Rosary.

Date Thursday Aug 15 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Musiel Brune

{ Residence, if in Baltimore, Give Street and Number. } No City.

Duration of Residence in Baltimore. Life

D3798

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: June 1st 1907	
AGE: ..... years, 2 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Unknown	
FULL NAME OF FATHER: , ,	
BIRTHPLACE OF FATHER (State or country): , ,	
MAIDEN NAME OF MOTHER: , ,	
BIRTHPLACE OF MOTHER (State or country): , ,	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) No C.

Filed 8/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 13th 1907

I HEREBY CERTIFY, That I attended deceased from July 12th 1907 to Aug 11 1907

that I last saw h-- alive on Aug 10 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Edw. Magruder M.D.

Address 922 Madison Ave

Date 190

Place of Burial Londonpark

Date Aug 16 190

Undertaker C. H. Blizzard & Co

Address 1117 Pa ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

137

(Place of Death.) No. Mo University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lula Lewis

{Residence, if in Baltimore, Give Street and Number.} 730 Hunter's Alley

B. 394

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 13 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h... alive on ... 190,

and that death occurred, on the date stated above, at ...

11. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia from incomplete abortion - criminal

(DURATION) 5 DAYS

Con'tributory (Primary.) .....

(DURATION) ... DAYS

(Signed) Patrick F Marty M.D.

Address .....

Date Aug 15 1907

Place of Burial Laurel Cemetery

Date Aug 15 1907

Undertaker R A Elliott

Address 504 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C 3795

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 327 Lyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George B. Medley

{Residence, if in Baltimore, Give Street and Number.} 327 Lyson St.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	—— 1857
AGE	50 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	St Marys Co Md.
FULL NAME OF FATHER	Alex Medley.
BIRTHPLACE OF FATHER (State or country)	St marys Co Md
MAIDEN NAME OF MOTHER	Mary Ellen Brooks.
BIRTHPLACE OF MOTHER (State or country)	St Marys Co Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanor King

(Address) 418 Nun St

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4th 1907 to Aug 13 1907, that I last saw h— alive on Aug 12 1907, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis Cardiac (DURATION) 6 Ds. DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 6 Ds. DAYS

(Signed) Edward E Mackenzie M.D.

Address 1339 W. North Ave

Date Baltimore Aug 15th 1907.

Place of Burial Mt. Auburn Cemetery

Date Aug 16 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C 3790

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 Madison St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin H. Stewart

{Residence, if in Baltimore, Give Street and Number.} 605 Madison St (Wavne)

Duration of Residence in Baltimore. Life

B.379

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 19" 1820

AGE 87 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Robt. S.J. Stewart

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Sidney Strayton

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. S.J. Stewart

(Address) Balto. Co. Md.

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14th 1907

I HEREBY CERTIFY, That I attended deceased from March 1st 1907 to Aug 14th 1907

that I last saw him alive on Aug 11 1907,

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Arthritis

(DURATION) 10 DAYS

Contributory (Primary.) Senility

5 Months (DURATION) 6 DAYS

(Signed) H. D. Brown M.D.

Address 668 Gwynns Ave

Date Aug 14th 1907

Place of Burial Greenmount Cemetery

Date August 16" 1907

Undertaker Henry W. Mears, Jr.

Address 7 West North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

116

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Grace Manown

{Residence, if in Baltimore, Give Street and Number.} 1534 Druid Hill Ave.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH December 27" 1877

AGE 29 years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Jamesville, Ohio

FULL NAME OF FATHER Samuel Ebert

BIRTHPLACE OF FATHER (State or country) Ohio

MAIDEN NAME OF MOTHER Eliz. Baldwin

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward C. Manown

(Address) 1534 Druid Hill Ave

Filed 8/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15-07 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5th 1907 to Aug 15 1907

that I last saw her alive on Aug 15 1907,

and that death occurred, on the date stated above, at 12.50 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pelvic Inflammatory Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Eugene Wood, Jr. M.D.

Address Union Protestant Infirmary

Date Aug 15-07 1907

Place of Burial Kingwood, W. Va.

Date August 15" 1907

Undertaker Henry W. Mears Jr

Address 7 West North Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Clayborn

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: —

1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address)

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1. 1907 to Aug 15. 1907 that I last saw her alive on Aug. 14. 1907, and that death occurred, on the date stated above, at 8a.c. A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Edema

(DURATION) 4 DAYS

Con'tributory (Primary.) Hemiplegia

(DURATION) 12 DAYS

(Signed) H M Cummer M.D.

Address Bay View Asylum

Date August 15. 1907

Place of Burial Pimlico

Date Aug 15 1907

Undertaker Robt J Turner

Address 1462 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3799 27

Registered No. B.....

City of Baltimore, (No. 1828 W Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Lederer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 8 (Day) 1860 (Year)

AGE: 47 years, 7 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Michael Lederer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva M Strather

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Fruit Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Lederer

(Address) 1828 W. Saratoga St

Filed 8/15 190 7

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 1900 to Aug 13 1907

that I last saw h[illegible] alive on Aug 11 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Tuberculosis

over a year (DURATION) ..... DAYS

Contributory Exhaustion

two yrs (DURATION) ..... DAYS

(Signed) W P Morgan M. D.

Aug 15 1907 (Address) 3154 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 16 1907

UNDERTAKER: Jno B. Cook — ADDRESS: 1003 W Balto

CERTIFICATE OF DEATH.

C 38002

118

(Place of Death.) No. Md. Genl Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Clarence C. Frey

{Residence, if in Baltimore, Give Street and Number.} 605 Brune St (Clarence C. Frey)

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 15 1895

AGE: 11 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles R Frey

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Alberta E Coblean

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas R Frey

(Address) 605 Brune St

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 14 1907

that I last saw h-- in alive on Aug 14 1907

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Edema

(DURATION) DAYS

Con'tributory (Primary.) Appendicitis

(DURATION) DAYS

(Signed) J W McClean M.D.

Address Md. Genl Hosp.

Date Aug 14 1907

Place of Burial Loudon Park Cem

Date Aug 17 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3801

Registered No. B 1201

City of Baltimore, (No. 2116 W. North Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Helene

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 13 (Day) 1850 (Year)

AGE: 57 years, 5 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Connecticut

FULL NAME OF FATHER: Abraham Bernheimer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Schiff

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/15 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1907 to Aug 13th 1907

that I last saw h[er] alive on Aug 13th 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Nephritis (chronic)

Oedema of lungs (DURATION) 11 ~~WKS~~ ~~DAYS~~

Contributory .....

(DURATION) 1 DAYS

(Signed) Emil P. Hamburger M. D.

Aug 15 1907 (Address) 1210 Eutaw Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Dulaney

DATE OF BURIAL: Aug 16 1907

UNDERTAKER: Athey's Co

ADDRESS: 154 Eutaw

Ward ..... Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Bruce

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

B 3802

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Aug. 8 1907

AGE: — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 208 Madison Ave.

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 8 1907 to Aug. 15 1907 that I last saw h[im] alive on Aug. 14 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 208 Madison Ave.

Date Aug. 15 1907

Place of Burial Cathedral Cemetery

Date August 15th 1907

Undertaker Felix B Pye.

Address 112 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3803 V 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 600 N. Port St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Margaretha Medicus

{ Residence, if in Baltimore, Give Street and Number. } 600 N. Port st

C 3803

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 20 1

AGE: 65 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nicolas Feller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Gertrude Schneider

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Medicus

(Address) 600 N. Port st

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: AUG 14 1907 190

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to aug 14 1907

that I last saw her alive on aug 14 1907 1.30

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate).

Dysentery

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John A. Rehberger M.D.

Address # 1709 Alice Ave

Date aug 14 1907

Place of Burial St Paul Cemetary

Date AUG 18 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3804

CERTIFICATE OF DEATH.

(Place of Death.) No. 1458 North Carey St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Theodore Smith

{Residence, if in Baltimore, Give Street and Number.} 1458 North Carey St.

Duration of Residence in Baltimore. 44 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Colored
DATE OF BIRTH	1
AGE	55 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Theodore Smith
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Smith

(Address) 1458 N Carey St

Filed 8/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15 1907

I HEREBY CERTIFY, That I attended deceased from July 22, 1907 to Aug 15 1907

that I last saw him alive on Aug 14 1907,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Interstitial Nephritis -

(DURATION) 24 DAYS

to my personal Knowledge

Contributory (Primary.) Arterio-Sclerosis

(DURATION) DAYS

(Signed) Wm. H. Myers M.D.

Address 1373 N. Carey St

Date August 15, 1907

Place of Burial Mt Auburn

Date Aug 17 1907

Undertaker Alex H Hensley

Address 578 N. Bickel St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 3803 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor. Hanover + Hill Sts St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name J. Webb Foster

{Residence, if in Baltimore, Give Street and Number.} Cor Hanover + Hill Sts.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan - 7 - 1860

AGE 47 years, 8 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Foster

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Foster

(Address) Hanover + Hill

Filed 8/15 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to — 190—

that I last saw him alive on Aug 13 1907

and that death occurred, on the date stated above, at 6.40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease

(DURATION) DAYS

Con'tributory (Primary.) Bright's Disease

(DURATION) DAYS

(Signed) J. Edward Smith M.D.

Address 528 Hanover St.

Date 8/14/1907 1907

Place of Burial North East Md

Date Aug 16 1907

Undertaker W. J. Tickner & Sons

Address Camden + Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 3502

(Place of Death.) No. 2552 Hudson alley (rear) W. Fayette St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Elizabeth Montague

{ Residence, if in Baltimore, Give Street and Number. } 2552 Hudson alley. #1.

Duration of Residence in Baltimore. 3 or 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col.

DATE OF BIRTH July 26th 1881

AGE 26 years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus Bayley

(Address) 2552 Hudson alley

Filed ... 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13th 1907

I HEREBY CERTIFY, That I attended deceased from March 1906 to Aug 13th 1907

that I last saw her alive on Aug 10 1907

and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or Immediate) Pulmonary Hemorrhage

"Haemopthisis"

Contributory (Primary) Phthisis (DURATION) 10 mon DAYS.

Pulmonary Tuberculosis (DURATION) 1 1/2 Yrs

(Signed) Augustus Bayley M.D.

Address 2552 Hudson Alley

Date Aug 13th 1907

Place of Burial Gloster Co Va Gloster Point-Mpail

Date August 16 1907

Undertaker R. A. Ellicott

Address 502 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles T Williamson

{ Residence, if in Baltimore, Give Street and Number. } Haws River N.C.

Duration of Residence in Baltimore. ?

D-3407.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 65 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Georgia
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Hallmanson

(Address) Haw River N. C.

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 13 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Aug 13 1907

that I last saw h[illegible] alive on Aug 13 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Enlarged Prostate Gland

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) E. L. Richardson, M.D.

Address Johns Hopkins Hosp

Date August 15 1907

Place of Burial Burlington N. C.

Date AUG 15 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 3808

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 608. West Mosher, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Margarette Howell

{ Residence, if in Baltimore, Give Street and Number. } 608. West, Mosher

Duration of Residence in Baltimore. Born here,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dennis

(Address) 1332 Presstman

Filed 8/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 Pm 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 12 1907

that I last saw h— alive on Aug 12 1907,

and that death occurred, on the date stated above, at —

I. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Marasmus

and Neglect.

(DURATION) 10 DAYS

Contributory (Primary.) About 3 months

(DURATION) — DAYS

(Signed) L. Allston Duff M.D.

Address 1602 Pa Ave

Date Aug 15th 1907

Place of Burial St. Peters Cemetery

Date August 15 1907

Undertaker James Dennis

Address 1332 Presstman St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3809 Registered No. B C 3809

CERTIFICATE OF DEATH.

(Place of Death.) No. 1615 Shakespear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Jzikowski

{ Residence, if in Baltimore, Give Street and Number. } 1615 Shakespear

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 4 1907

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Adam Jzikowski

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Anna Wieczkoska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed. Jzikowski.

(Address) 1615 Shakespear

Filed 7 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 = 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190.....

that I last saw h ..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Intestion

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Judlin Coroner M.D.

Address 320 N Bond St

Date ..... 190.....

Place of Burial Holy Rosary

Date Aug 16 1907

Undertaker Jacob Frankowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3810

Registered No. B C 3810

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. 179

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude E Poole

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Mar 23 1907

AGE: ..... years, 4 months, 3 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Reuben A Poole

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Edna V Thompson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reuben A Poole

(Address) 621 Newton Ave Woodbrook

Filed Aug 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition

(DURATION) ..... DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick F Harlow M.D.

Address .....

Date Aug 15 1907

Place of Burial Laurel Md

Date Aug 15 1907

Undertaker W J Tuckwell Sons

Address Camden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. W Howard near Lanvale St. 179

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Gately

{Residence, if in Baltimore, Give Street and Number.} 310 So. Poppleton

Duration of Residence in Baltimore. 4 mo

B-3811

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH

AGE 1 year, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Gatly

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Coyle

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Field

(Address) 120 W Lombard

Filed 8/16" 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 14 1907

that I last saw h alive on Aug 14 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

malnutrition

Contributory (Primary.) (DURATION) 3 wks DAYS

(DURATION) DAYS

(Signed) J Bruce Jr M.D.

Address 804 Cathedral

Date Aug 14 1907

Place of Burial Holy Cross

Date Aug. 16 1907

Undertaker John J Reid

Address 120 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 310-W-2 9 St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Aaron Isiah Shanklin

{Residence, if in Baltimore, Give Street and Number.} 310-W-2 9 St.

Duration of Residence in Baltimore. all life.

B 3813

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: July 4 1907

AGE: ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): 310 W-2 9 St.

FULL NAME OF FATHER: Wm J. Shanklin

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Alice Virginia Bryan

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A J Shanklin

(Address) 310 W. 2 9 St

Filed 8/16 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 14 1907 that I last saw h-- alive on Aug 14 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum and Marasmus

7 Days (DURATION) ..... DAYS

Contributory (Primary) Asthenia Age (DURATION) 3 DAYS

(Signed) Roscoe Z Gross M.D.

Address 213-W-25 St.

Date Aug 15 1907

Place of Burial Perry Hall Balto Co

Date Aug 16 1907

Undertaker A. E. Grammer

Address Hulleton Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH. C 3813

Registered No. B.....

City of Baltimore, (No. 1213 Ensor St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael R. McGovern

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: May (Month) 24 (Day) 1906 (Year)

AGE: 1 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Thos McGovern

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Emily Leland

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos McGovern

(Address) 1213 Ensor St

Filed Aug 16 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 14 1907 that I last saw h[illegible] alive on Aug. 14 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Toxaemia, due to acute endigestion

(DURATION) 2 DAYS

Contributory: C

(DURATION) DAYS

(Signed) James M Fenton M. D.

Aug 14 1907 (Address) 700 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bonnie Brae	Aug 16 1907
UNDERTAKER	ADDRESS
James Lignan & Son	759 W. Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 3814

City of Baltimore, (No. 424, N Bradford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine R. Emory

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 27 (Day) 1907 (Year)

AGE: ..... years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward Emery

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Frances Brooks

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

I THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Emery

(Address) 424 N Bradford st

Filed 8/16 1907

HENRY C. ANDREAE, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 15 1907

that I last saw her alive on Aug 14 1907,

and that death occurred, on the date stated above, at 6:10 A. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis.

(DURATION) 14 DAYS

Contributory Exhaustion

(DURATION) / DAYS

(Signed) Samuel J. King M. D.

Aug 15 1907 (Address) 2309 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cross

DATE OF BURIAL: Aug 16 1907

UNDERTAKER: E J Fanning

ADDRESS: 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 3815 Registered No. B C 3813

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 Hooper Ave. West Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ellsworth Appleby

{Residence, if in Baltimore, Give Street and Number.} 4 Hooper Ave. West Woodberry

Duration of Residence in Baltimore: Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 5th 1907

AGE: ____ years, 5 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 23 Plymouth Ave, West Woodberry

FULL NAME OF FATHER: William A. Appleby

BIRTHPLACE OF FATHER (State or country): Balt. Md

MAIDEN NAME OF MOTHER: Bessie May Poe

BIRTHPLACE OF MOTHER (State or country): Balt. C. Md

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) William A. Appleby

(Address) 14 Hooper Ave

Filed 8/16 1907

HARRY C. [illegible] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Aug 15th 1907 that I last saw him alive on Aug 14th 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral meningitis

(DURATION) 5 DAYS

Contributory (Primary.)

Enteric colitis (DURATION) 30 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Aug 15th 1907

Place of Burial St. Marys Hampden

Date Aug. 16 1907

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 3816

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 Druid ave Hampden St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alphla W. Dunniga

{Residence, if in Baltimore, Give Street and Number.} 217 Druid ave

Duration of Residence in Baltimore. Life C-3816

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Dec 15 1906

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John F Dunniga

BIRTHPLACE OF FATHER (State or country): Harford Co

MAIDEN NAME OF MOTHER: Dora Burton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora L Bunniga

(Address) 217 Druid ave

Filed 8/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 16 1907, that I last saw h— alive on Aug 16 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Contributory (Primary.) Ileo colitis (DURATION) DAYS

(DURATION) DAYS

(Signed) Wm. Smith M.D.

Address 3435 Chestnut Ave

Date Aug 16 1907

Place of Burial St Marys Hampden

Date Aug 17 1907

Undertaker Wm E Chenowith & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 111 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Marshall Ballard

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. 3817

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: ..... years, ... months, 8 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country): City	
MAIDEN NAME OF MOTHER: E. Marshall	
BIRTHPLACE OF MOTHER (State or country): City	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Ballard

(Address) 114 W Mulberry St

Filed 8/16 1907

JAMES C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 16. 1907

I HEREBY CERTIFY, That I attended deceased from July 20. 1907 to Aug. 16. 1907 that I last saw h[im] alive on Aug. 15 1907, and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from inability to swallow

(DURATION) 26-27 DAYS

Contributory (Primary.)

Pneumonia both (Apices) (DURATION) 26-27 DAYS

(Signed) Geo. A. Harbaugh M.D.

Address 1121 N Caroline St.

Date Aug. 16. 1907

Place of Burial New Cathedral

Date 8/16 1907

Undertaker Wm J Schellenberg

Address 204 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C 3818

Registered No. B .....

City of Baltimore, (No. 4112, Mass. Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Spencer O'Keefe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) ... (Day) 1874 (Year)

AGE: 33 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF)

(Informant) Robt. A. Brooks

(Address) 1204 W. Baltimore St

Filed Aug 16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Augt 1907 that I last saw him alive on Augt 14 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Tuberculous Meningitis

abt 3 weeks (DURATION) ... DAYS

Contributory Pulm. Tuberculosis

abt 1 year (DURATION) ... DAYS

(Signed) Wm Dulany Thomas M. D.

Augt 16 1907 (Address) 633 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 8-17 1907

UNDERTAKER: Robt. Brookes

ADDRESS: 178 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

HARRY C. ARMIGER, PERMIT CLERK.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

108

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Conrad G. H. Bruan

{ Residence, if in Baltimore, Give Street and Number. } 2050 E. Federal St.

Duration of Residence in Baltimore.....

B 3819

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1.....

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Carter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Ann. Bruan

(Address) 2050 E Federal St.

Filed 8/16 190 7

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1907 to Aug 15th 1907

that I last saw h in alive on Aug 14 1907,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Post-operative Shock.

(Surgical)

(DURATION) 2 DAYS

Contributory (Primary) Operation for

Ventral Hernia (DURATION) 2 DAYS

(Signed) W. H. Wallis M.D.

Address 117 E Preston St.

Date Aug. 15th 1907

Place of Burial Holy Redeemer Cemetery

Date Aug 17th 1907

Undertaker Henry Hoeck & Son

Address 1361 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Henry Browning.

{Residence, if in Baltimore, Give Street and Number.} Gardensville Balto. Co. Md.

Duration of Residence in Baltimore. 17 days

C 3820

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH June 19th 1907

AGE ..... years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Gardenville Balto Co.

FULL NAME OF FATHER John Browning

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Annie Hartman

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) Quick Ave Gardenville Balto Co

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 15 1907

that I last saw him alive on Aug 15 1907,

and that death occurred, on the date stated above, at 4:10 P.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

malnutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R H Fallis M.D.

Address Union Protestant Infirmary

Date Aug 15 1907

Place of Burial Holy Redeemer Cemetery

Date Aug 16 1907

Undertaker Henry Hoecks & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

119

(Place of Death.) No. Md. Genl Hosp. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name ~~Katherine M.~~ Johanna Leuthner

{Residence, if in Baltimore, Give Street and Number.} 1747 E. North ave.

Duration of Residence in Baltimore. 25 Years. C 3821

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md Cecil

FULL NAME OF FATHER: Geo. H. Baker

BIRTHPLACE OF FATHER (State or country): Cecil

MAIDEN NAME OF MOTHER: Emma Burkhardt

BIRTHPLACE OF MOTHER (State or country): Cecil

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O. Leuthner

(Address) 1747 E. North Ave

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 14 1907

that I last saw h-r alive on Aug 14 1907

and that death occurred, on the date stated above, at 11 40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Embolism

(DURATION) — DAYS

Con'tributory (Primary.) Uremia anuria

(DURATION) 11 hours

(Signed) Swan Shaw M.D.

Address Md. Genl. Hosp.

Date Aug 14 1907

Place of Burial Baltimore Cemetery

Date Aug. 18 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 38222

120

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Popp

{Residence, if in Baltimore, Give Street and Number.} 843 E. Eager St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Stephen J. Popp

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johanna K. Maick

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Johanna Popp

(Address) 843 E. Eager St

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to August 14 1907 that I last saw h alive on August 14 1907 and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 2 DAYS

Con'tributory (Primary.) Uraemia

(DURATION) 15 DAYS

(Signed) Eugene L. Pessagno M.D.

Address St Joseph's Hospital

Date August 14 1907

Place of Burial St. Alphonsus Cemetery

Date Aug. 17 1907

Undertaker Henry Horck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 21 Frederick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Clinton Dorner

{Residence, if in Baltimore, Give Street and Number.} 21 Frederick ave

Duration of Residence in Baltimore. Life-time C 3423

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 17th 1907

AGE: ..... years, ... months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm. Clinton Dorner.

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mamie Eisenbauch

BIRTHPLACE OF MOTHER (State or country): Howard Co. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Dorner

(Address) 21 Frederick ave

Filed 8/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15th 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 12th 1907 to Aug 15th 1907

that I last saw him alive on Aug 15th 1907,

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 29 DAYS

Contributory (Primary.) Premature birth

(DURATION) ..... DAYS

(Signed) E. A. Knott. M.D.

Address 1727 W. Lombard st.

Date August 15th 1907

Place of Burial Pleasant Plain Cem Howard Co

Date Aug 17th 1907

Undertaker C. W. Dill

Address 810 Fredk ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH. C 3824

Registered No. B

City of Baltimore, (No. 1422 N. Collington Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma C. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan (Month) 22 (Day) 1873 (Year)

AGE: 34 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Harrisburg Pa.

FULL NAME OF FATHER: Jeremiah Baker

BIRTHPLACE OF FATHER (State or country): Carroll County

MAIDEN NAME OF MOTHER: Sarah Price

BIRTHPLACE OF MOTHER (State or country): Carroll County

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Baker

(Address) 1422 N. Collington Ave

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 15th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19th 1907 to Aug 15th 1907

that I last saw h[illegible] alive on July 13 1907,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

Aug 16 1907 (Address) 1639 Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Manchester Md. DATE OF BURIAL: Aug 17 1907

UNDERTAKER: A. Fink & Son ADDRESS: 915 N. Gayst

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Wm Schwanebeck

{Residence, if in Baltimore, Give Street and Number.} 1215 E Chase St

Duration of Residence in Baltimore. Lifetime

C3825

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 24th 1907

AGE — years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Fred Schwanebeck

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Stella Whittney

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred. Schwanebeck

(Address) 1215 E Chase St

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 15 1907 that I last saw him alive on Aug 14 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis —

(DURATION) 7 DAYS

Contributory (Primary) Malnutrition

(DURATION) lifetime DAYS

(Signed) Wm J Watson M.D.

Address 5 W Preston

Date Aug 15 1907

Place of Burial Balto. Cem.

Date Aug 16th 1907

Undertaker Geo M. Funk

Address 811 N Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IV

Registered No. B C 35826

179.

CERTIFICATE OF DEATH.

(Place of Death.) No. 427 Dunham St. St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Spencer

{ Residence, if in Baltimore, Give Street and Number. } 427 S Dunham st

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1845

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Speer

(Address) 427 S. Dunham st.

Filed 8/16 1907

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Snyder Jrnr M.D.

Address 320 N Arch st

Date 190

Place of Burial First Meth. Epis. Ch. cemetery

Date Aug 16th 190 7

Undertaker J. C. Schuh & Son

Address 1735 Alice anna st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 Pennsylvania ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice V. Francis

{Residence, if in Baltimore, Give Street and Number.} 709 Pennsylvania ave

Duration of Residence in Baltimore. Life

27

C3927

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: [illegible] 1

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Peter Francis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Francis

(Address) 709 Penna ave

Filed 8/16 1907

HARRY C. PERLEY Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Aug 15 1907

that I last saw h[illegible] alive on Aug 14 1907

and that death occurred, on the date stated above, at 10,

M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Tuberculosis

Con'tributory (Primary.) Hemorrhage (DURATION) 6 months DAYS

(DURATION) 6 months DAYS

(Signed) O. K. Fowler M.D.

Address 714 S Mark Antl

Date Aug 16th 1907

Place of Burial Mt Auburn

Date Aug 16 1907

Undertaker Jno V. Toadvine

Address 142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3828

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2218. Eagle St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Kirby, jr.

{Residence, if in Baltimore, Give Street and Number.} 2218. Eagle St.

Duration of Residence in Baltimore. life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH August, 15. 1907

AGE ..... years, ... months, 1/8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Vincent Kirby

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Clara Stoll

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Hendrick

(Address) 2151. Wilkins Ave.

Filed 8/16 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August, 15. 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 15. 1907 to ..... 190.....

that I last saw him alive on Aug. 15. 1907,

and that death occurred, on the date stated above, at 10. P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth caused by Placenta praevia. Lived 3 hours. (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H. Hendrick M.D.

Address 2151. Wilkins Ave.

Date Aug 16th 1907

Place of Burial Bonnie Brae Cem.

Date August 16th 1907

Undertaker Wm. B. Brothers

Address 428 Frederick Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

118

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name David E Evans

{Residence, if in Baltimore, Give Street and Number.} Catonsville, Md.

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 15th 1849

AGE: 57 years, 9 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): South Wales, England

FULL NAME OF FATHER: Evan Evans

BIRTHPLACE OF FATHER (State or country): South Wales England

MAIDEN NAME OF MOTHER: Mary Ann Lewis

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Capitalist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret D Evans

(Address) Catonsville Md

Filed 8/16 1907

HARRY G. ANDREW
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 15 1907

that I last saw h[illegible] alive on Aug 15 1907

and that death occurred, on the date stated above, at 1.15

A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(Sepsis)

(DURATION) 2 DAYS

Contributory (Primary) Acute

Appendicitis (DURATION) 4 DAYS

(Signed) Geo. H. Flinger M.D.

Address St. Joseph's Hospital

Date Aug. 15, 1907

Place of Burial Lorraine Cem

Date August 17th 1907

Undertaker Herbert Jenkins & Sons Co

Address 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C 3830 ... Registered No. ... C 3830

40

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Blum

{ Residence, if in Baltimore, Give Street and Number. } 616 Light st.

Duration of Residence in Baltimore. 17 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Mendle Blum

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Esther goldstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Stern

(Address) 629 S Charles st

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Aug 15th 1907

that I last saw h— alive on Aug 15th 1907

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) — DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date Aug 16th 1907

Place of Burial Herz Rum Cemetery

Date August 16 1907

Undertaker Max Levinson

Address 620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. D [illegible] 0

CERTIFICATE OF DEATH.

138

(Place of Death.) No. 1500 Hollins St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jeanette Little Young

{ Residence, if in Baltimore, Give Street and Number. } 1500 Hollins St

C3831

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Jan. 22 1881

AGE: 26 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James A. Nicholson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Logan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob H. Young

(Address) 1500 Hollins

Filed 8/16 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 15 1907 that I last saw h[illegible] alive on Aug 15 1907, and that death occurred, on the date stated above, at 2.45 a. m. CAUSE OF DEATH (Secondary or Immediate.)

~~Puerperal Nephritis~~

Coma Nephritis

(DURATION) 6 DAYS

Contributory (Primary.) Puerperal acute Nephritis (DURATION) 10 DAYS

(Signed) J. L. Harpen M.D.

Address 2202 E. Gilmor St

Date Aug 25 1907

Place of Burial London Park

Date Aug 17th 1907

Undertaker Chas. E. Frances

Address 146 N. Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Smith.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C3932

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR Colored	DATE OF DEATH Aug 14 1907
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from July 11 1907 to Aug 14 1907 that I last saw h alive on Aug 14 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia
AGE 26 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED widow	
BIRTHPLACE (State or country) Virginia	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED Domestic	(DURATION) ..... DAYS
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS
(Informant)	(Signed) R R Nozinich M.D.
(Address) BAY VIEW ASYLUM	Address Bay View Asylum
Filed 8/16 1907 Registrar	Date Aug 15 1907
	Place of Burial JOHNS HOPKINS HOSPITAL
	Date AUG 15 1907
	Undertaker Wm J Wooden
	Address 1810 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

1914

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

CERTIFICATE OF DEATH.

(Place of Death.) No. 900 Harden Court St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Jefferson 6.

{ Residence, if in Baltimore, Give Street and Number. } 900 Harden Court

Duration of Residence in Baltimore. 40 yrs.

C3838

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Don't know 1

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Lomax 6

(Address) 900 Harden Court

Filed ... 190 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 15 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) ... DAYS

Contributory (Primary.) Nephritis

(DURATION) ... DAYS

(Signed) Otto M Reinhardt M.D.

Coroner

Address ...

Date August 15 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 15 1907 ... 190 ...

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

8/16/07

C 3834

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 22 Roman Wilson Lanes St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Harbeson.

{Residence, if in Baltimore, Give Street and Number.} 410 N. Regi St

C 3834

Duration of Residence in Baltimore. 1 Day.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: White
DATE OF BIRTH: 1	
AGE: ..... years, 18 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Aug 16 1907

HARRY C. ANDREWS, PERMIT CLERK.

..... 190.. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 9 1907 that I last saw him alive on Aug 9 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) 2 mo DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. Whitridge Jr M.D.

Address 804 Cathedral St

Date Aug 14 '07

Place of Burial COLLEGE OF P. & S

Date AUG 15 1907 190..

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1907

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1N Thomas Wilson Apartments St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Dorothy Mae Moore

{ Residence, if in Baltimore, Give Street and Number. } 429 Augusta St

Duration of Residence in Baltimore. 4 mo

C 3835

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: white
DATE OF BIRTH: 1	
AGE: ..... years, 3 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) .....

(Address) .....

Filed 8/16 190 7

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to Aug 11th 1907

that I last saw h[illegible] alive on Aug 11 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition

Dyspeptic diarrhoea

(DURATION) 2 mos. DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Parsons Jr M.D.

Address 804 Cathedral St

Date Aug 14 1907

Place of Burial COLLEGE OF P. & S

Date AUG 15 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19 5

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2 W North Wilkens Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Clements

{Residence, if in Baltimore, Give Street and Number.} 826 Augusta St.

CB 88

Duration of Residence in Baltimore. 4 mo.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: White
DATE OF BIRTH: 1	
AGE: years, 4 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Aug 16 1907

HARRY G. ANDREWS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 11 d 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 11 15 1907 that I last saw h[illegible] alive on Aug 11 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition

Dyspepsia duration

(DURATION) 2 mo DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. McPhee Jr M.D.

Address 804 Cathedral

Date Aug 14 d 1907

Place of Burial COLLEGE OF P. & S. AUG 15 1907

Date 190

Undertaker Commissioner Walsh

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** [illegible] whether married or single) of the person deceased, and the **cause and date of death.**

C 3837
152

CERTIFICATE OF DEATH.

(Place of Death.) No. 315 Dawson Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Metina Ross

{Residence, if in Baltimore, Give Street and Number.} 315 Dawson alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Aug 15 1907

AGE: ~~years~~, ~~months~~, 5 min ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balto. city

FULL NAME OF FATHER: William Dawson

BIRTHPLACE OF FATHER (State or country): Middlesex Co., Va.

MAIDEN NAME OF MOTHER: Metina Ross

BIRTHPLACE OF MOTHER (State or country): Essex Co. Va.

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/16 190 7 HARRY C. ANDREW
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from Birth 190 to Death 190

that I last saw h alive on Aug 15 1907,

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia neonatorum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Herbert Bates, M.D.

Address 622 W. Lombard St

Date Aug 15, 1907

Place of Burial COLLEGE OF P. & S

Date AUG 15 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94

Ward ..... C 3838 Registered No. B ..... C 3838

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1614 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stella Gurska

{Residence, if in Baltimore, Give Street and Number.} # 1614 Thames St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, – months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Gurski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katie Dominiak

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gurski.

(Address) 1614 Thames St

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 15 1907

that I last saw her alive on Aug 14 1907

and that death occurred, on the date stated above, at 10½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John A. Rehberger M.D.

Address #1709 Alice Anna

Date Aug 15 1907

Place of Burial St. Stanislaus

AUG 16 1907

Date 190

M. F. SADOWSKI.

Undertaker

Address #1703 S. Ann St

BUREAU OF VITAL STATISTICS PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3889

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 Thame St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Anuszewski

{Residence, if in Baltimore, Give Street and Number.} 153 Baltimore

Duration of Residence in Baltimore. Life time

C3889

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 5th 1906

AGE: ..... years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Anuszewski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Antonina Wieszkaska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Anuszewski

(Address) 1712 Thame St

Filed Aug 16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16 1907

I HEREBY CERTIFY, That I attended deceased from August 10 1907 to August 14 1907 that I last saw h.im alive on August 14 1907, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lober Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

Bronchitis (DURATION) 20 DAYS

(Signed) S. J. Szuwalski M.D.

Address 722 S. Ann

Date August 16 1907

Place of Burial St. Stanislaus.

Date AUG 17 1907 190....

Undertaker M. F. SADOWSKI

Address 1703 S. Ann St

HARRY O. ANDREWS
PARKIN CLARK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3810 ..... Register No. 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1726 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathew Edgar Wilhelm

{Residence, if in Baltimore, Give Street and Number.} 1726 N Bradford St.

Duration of Residence in Baltimore. 5 yr

C 3810

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Aug. 15th 1900

AGE 4 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Edgar M. Wilhelm

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary E. Forman

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar M. Wilhelm

(Address) 1726 N. Bradford St.

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 11th 1907 to Aug 15th 1907

that I last saw him alive on Aug. 15th 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Diphtheria

Probably (DURATION) 7 DAYS

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) G Schwartz M.D.

Address 1419 E. Eager St

Date Aug 16 1907

Place of Burial Balto. Cemetery

Date Aug 16" 1907

Undertaker Evans & Spence

Address 118 1720 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single), deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

122

(Place of Death.) No. 631 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vicy Jones

{Residence, if in Baltimore, Give Street and Number.} 631 Pierce Street

Duration of Residence in Baltimore. all life

C3871

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	53 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore, Md.
FULL NAME OF FATHER	Robert Carey
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Towne
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) per Annie J. Flint

(Address) 631 Pierce St.

Filed 8/16" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 20 1907 to August 15 1907 that I last saw h er alive on Aug 15 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia (duration) 6 days

Con'tributory (Primary.) Cystic Calculus (duration) 9 mos DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date August 16 1907

Place of Burial Mt Auburn Cemetery

Date August 18 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3842 Registered No. B C 3842 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2538 Foster Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estella R. R. Jones.

{Residence, if in Baltimore, Give Street and Number.} 2538 Foster Ave.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White.

DATE OF BIRTH August 15th 1907

AGE ..... years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Benn. H. Jones.

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER L. C. J. Peters

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benn. H. Jones.

(Address) 2538 Foster Ave.

Filed 8/16 1907

BARRY ST. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 at 5 A.M. 1907

I HEREBY CERTIFY, That I attended deceased from 7/13 1907 to 7/16 1907 that I last saw her alive on 7/15 1907 and that death occurred, on the date stated above, at 5 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

(DURATION) 3 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) DAYS

(Signed) H G Simmons M.D.

Address 1013 S Conkling

Date 1907

Place of Burial Immanuels Cemetery

Date Aug 18 1907

Undertaker Louis Heumann

Address 32 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B [illegible] 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard F Stowfer

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

C2948

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: ....years, 1 months, 13 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy.

Filed 8/16 1907

.....190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) Patrick F Manley M.D.

Address .....

Date Aug 15 1907

Place of Burial New Cathedral

Date .....190.....

Undertaker Martin Fahey

Address 606 Lafayett Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3844 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy l St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Martha Hart

{Residence, if in Baltimore, Give Street and Number.} St Vincents

C 3844

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: ....years, ...months, 17 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy.

Filed 8/16 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on .....190.....

and that death occurred, on the date stated above, at.....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

.....(DURATION).....DAYS

Con'ributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) Patrick J Martin M.D.

Address .....

Date Aug 15 1907

Place of Burial New Cathedral

Date .....190....

Undertaker Martin Fahey

Address 606 Lafayett Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3845

Registered No. B 120

City of Baltimore, (No. 438 W. Biddle St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia F. Willis.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Mulatto

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Undetermined

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Harriet McElderry

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Hanson

(Address) 438 W Biddle

Filed 9/16 190 7

BARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1907 to Aug 15 1907 that I last saw her alive on Aug 15 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

2 years. (DURATION) ..... DAYS

Contributory Anasarca. Ascites. Pulmonary Oedema. Severe vomiting (DURATION) .....

(Signed) E. K. Ballard M. D.

Aug 16 1907 (Address) 162 n Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: 8/17 1907

UNDERTAKER: Abel Housley — ADDRESS: 538 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

C 3846

Registered No. B

City of Baltimore, (No. ~~1477~~ 631 S. Patterson Park ave St.; 16th Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred a Hospital or Institutio give its NAME inste of street and number.]

FULL NAME Victria Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR white

DATE OF BIRTH Aug (Month) 8 (Day) 1907 (Year)

AGE — years, — months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balt Md.

FULL NAME OF FATHER Chas A. Smith

BIRTHPLACE OF FATHER (State or country) Balt Md

MAIDEN NAME OF MOTHER Ella Rockitz

BIRTHPLACE OF MOTHER (State or country) Balt Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) ~~Father~~ Chas A. Smith

(Address) 631 S. Patterson Pk Ave

Filed 8/17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 16 1907

that I last saw her alive on Aug 16 1907,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

~~Epilepsy~~ Marasmus

~~Pneumonia~~ Cerebro Spinal Fever

(DURATION) 7 DAYS

Contributory Marasmus

Pneumonia (DURATION) 8 DAYS

(Signed) W. M. Wright M.D.

Aug 16 1907 (Address) Canton Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Oak Hill Cem

DATE OF BURIAL 8/17 1907

UNDERTAKER J Herwig & Son

ADDRESS 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case c **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a c can be ascertained, the full name, sex, age, condition (whether married or single) of the person d

of Vital Statistics in the City of Baltimore

shall die in the said city it shall be the duty of case comes under his notice, to furnish within ial, a certificate setting forth, as far as the same rson deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conr. Bodenbender

{ Residence, if in Baltimore, Give Street and Number. } Nicholson & Park Sts.

Duration of Residence in Baltimore. 19 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 14th 1887

AGE: 20 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Conrad Bodenbender

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary L. Marquardt

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Engraver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Bodenbender

(Address) Nicholson & Park Sts

Filed 8/17 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 16 1907

that I last saw h.. alive on Aug 16 1907

and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) 4 DAYS

Con'ributery (Primary.) Acute

Appendicitis (DURATION) DAYS

(Signed) J. F. Moore M.D.

Address St. Joseph's Hosp

Date Aug 16 1907

Place of Burial Loudon Park Cem

Date 8/19/07 190

Undertaker J. Herwig & Son

Address 208 S Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

C3848

Registered No. B .....

City of Baltimore, (No. 820 E. Hopkins Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mattie J. Isabel Lowman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 21st 1880 (Month) (Day) (Year)

AGE: 16 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Robert Lowman

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sallie R.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie R. Lowman

(Address) 820 E. Hopkins Ave

Filed 8/17 1907 HARRY O. ANDREWS Registrar

PERMIT GIVEN

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 10 July 1907 to 13 Aug 1907

that I last saw h alive on 11 " 1907

and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Said to be 9 mos. (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E. Fownie Price M. D.

Aug 15 1907 (Address) 1007 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Carmel

DATE OF BURIAL: 8/18 1907

UNDERTAKER: J. Herwig Sons

ADDRESS: 2068 Orleans

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 572 N. Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Johnson

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

C3849

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: ..... years, 4 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Elexander Nicholson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rosie Johnson

BIRTHPLACE OF MOTHER (State or country): Washington d C

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Johnson

(Address) 572 N Montgomery St

Filed 8/17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY That I attended deceased from Above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum,
Dem & Dr McCarthy once

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D.
Coroner

Address 211 N. Lanvale

Date Aug 16 1907

Place of Burial Mt Auburn cemetery

Date Aug 17 1907

Undertaker Geo H Hooper

Address 609 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3850 Registered No. B C 3850

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 N. Gorsh St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 27

Full Name Charles Bowman

{ Residence, if in Baltimore, Give Street and Number. } 7 N. Gorsh St.

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Dorchester md

FULL NAME OF FATHER: Isaac Bayman

BIRTHPLACE OF FATHER (State or country): Dorchester md

MAIDEN NAME OF MOTHER: Catherine Ross

BIRTHPLACE OF MOTHER (State or country): Dorchester md

OCCUPATION OF DECEASED: Hard carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Della Langley

(Address) 829 Butlers alley

Filed 8/17 190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 16 1907

that I last saw h alive on Aug 15 1907

and that death occurred, on the date stated above, at 12.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercuolosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edward Faust M.D.

Address 578 Hanover St

Date 8/16/07. 190

Place of Burial Mt Auburn

Date Aug 17 1907

Undertaker B. L. Brown & Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C 3851
40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 N Chester St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline A Hinson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: March 1836

AGE: 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimo

FULL NAME OF FATHER: James Pennington

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Ann Mincks

BIRTHPLACE OF MOTHER (State or country): Baltimore Co

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie L Easton

(Address) 1336 N Chester St

Filed 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Aug 15 1907

that I last saw h[illegible] alive on Aug 15 1907 at 8

and that death occurred, on the date stated above, at 8 P M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Stomach

7 mos (DURATION) DAYS

Contributory (Primary.) Malnutrition

(DURATION) DAYS

(Signed) W. J. Gibney M.D.

Address 173 E. Baltimore St

Date Aug. 16/1907 1907

Place of Burial Baltimore Cemetery

Date Aug 18 1907

Undertaker Wm E Schaffer

Address 8 S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3852

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 Smallwood St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Krammer

{Residence, if in Baltimore, Give Street and Number.} 407 Smallwood

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1872

AGE: 35 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Andrew Bergman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Josephine Bergman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Pntr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Krammer

(Address) 407 Smallwood St

Filed 8/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Aug 15 1907

that I last saw h alive on Aug 14 1907,

and that death occurred, on the date stated above, at 7 15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) ... DAYS

Con'ributory (Primary.) Bright's disease

4 mos (DURATION) ... DAYS

(Signed) D. E. Hasser M.D.

Address 1106 N Patterson Park Ave

Date Aug 16 1907

Place of Burial London Park Cem-

Date aug 18 1907

Undertaker H. S. Fuit

Address 2113 N. Oriot St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. C 3853

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 267 E. 31 St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvin LeRoy Finnegan

{Residence, if in Baltimore, Give Street and Number.} 267 E. 31st St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 10th, 1907

AGE: ..... years, one months, six days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Walter J Finnegan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lillian Downey

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter J Finnegan

(Address) 1409 W Lexington St

Filed ..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16th, 1907

I HEREBY CERTIFY, That I attended deceased from July 10th, 1907 to Aug. 16th, 1907 that I last saw him alive on Aug. 16th, 1907, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion due to heat prostration and diarrhoea —

(DURATION) 40 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. D. Norris M.D.

Address 1721 N. Fayette St.

Date August 16th, 1907

Place of Burial Laurel Md

Date Aug 17 1907

Undertaker Wm Cook

Address 307 E North

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3854 Registered No. B ..... C 3854 V

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 405 Parkway Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie K. Wolf

{ Residence, if in Baltimore, Give Street and Number. } 405 Parkway Place

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White -

DATE OF BIRTH: March 10 1902

AGE: ..... years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lewis G Wolf

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lottie E Ford

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis G. Wolf.

(Address) 405 Parkway Place

Filed 8/17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 16 1907

that I last saw h[illegible] alive on Aug 15 1907,

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Meningitis 7

Bronchopneumonia (DURATION) 5 DAYS

(Signed) H. H. Beer M.D.

Address 214 E. Preston St

Date Aug 16 1907

Place of Burial Western Cem

Date Aug 17 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 27 C 3855 Registered No. D

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 505 Scott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joshua E. Libby

{Residence, if in Baltimore, Give Street and Number.} 505 Scott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo Libby

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Elizabeth King

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah C. Libby

(Address) 505 Scott St.

Filed 8/17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16 1907

I HEREBY CERTIFY, That I attended deceased from August 13 1907 to Aug 15 1907

that I last saw him alive on Aug 15 1907,

and that death occurred, on the date stated above, at 9 15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

had been walking around don't know correct duration

(DURATION) 4 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) J. E. Nuse M.D.

Address 863 Columbia Ave

Date Aug 16 1907

Place of Burial Lauden Park

Date Aug 18 1907

Undertaker Wm Cook

Address 502 E Fairmount.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

CERTIFICATE OF DEATH.

106 v

(Place of Death.) No. 2651 W North St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances A. Seward

{Residence, if in Baltimore, Give Street and Number.} Life 2651 W North Ave

Duration of Residence in Baltimore. Life

C 3856

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Capt John A Seward

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Tucker

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Sea Captain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte A Kelly

(Address) 2651 W. North

Filed 8/17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 16th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 11 1907 to Aug. 16 1907

that I last saw him alive on Aug. 15 1907,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 8 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) J. Taylor Smith M.D.

Address 717 N. Carrollton Ave

Date Aug 16 1907

Place of Burial Baltimore Cem

Date Aug 19 1907

Undertaker Lowe Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 N Eldersley 104

Full Name Joseph Sonnenburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

{ Residence, if in Baltimore, Give Street and Number. } 105 N Eldersley St

Duration of Residence in Baltimore. Yrs 1907

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —

AGE 69 years, ... months, ... days | 1

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Sonnenburg

(Address) 105 N Eldersley St

Filed 8/17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15th 1907

I HEREBY CERTIFY, That I attended deceased from August 15 1907 to ..... 190...

that I last saw h.. in alive on Aug 15th 1907,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

Contributory (Primary) ..... (DURATION) 1 DAYS

(Signed) Edw. M. Townsend M.D.

Address 1 W. Washington St.

Date August 15th 1907

Place of Burial Chev. Shalom

Date Aug 18 1907

Undertaker Hart & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C 3858

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 1611 Pressbury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Levi A. Slade

{ Residence, if in Baltimore, Give Street and Number. } 1611 Pressbury St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: August 27 1842	1
AGE: 64 years, 11 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Levi A. Slade
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Elizabeth A. Fuller
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Street Railway Employee

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosabella Robinson Slade

(Address) #1611 Pressbury St.

Filed 8/17 190 7 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 190 7

I HEREBY CERTIFY, That I attended deceased from Aug 14 190 7 to Aug 15 190 7

that I last saw him alive on Aug 7 190 7,

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Houck M.D.

Address 914 Penna Ave

Date Baltimore 16-07

Place of Burial Western Cemetery

Date August 18 1907 190

Undertaker Armstrong Denny Co.

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate stating therein, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 C 3859 Registered No. B C 3959

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 764 Carrere Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie E Edwards

{Residence, if in Baltimore, Give Street and Number.} 764 Carrere Str

Duration of Residence in Baltimore. 10 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 13/1833

AGE: 74 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Orange Co. Va.

FULL NAME OF FATHER: Samuel Mason

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Dilly

(Address) 764 Carrere Str

Filed 8/17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16 – 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 – 1907 to Aug 15 1907 that I last saw her alive on Aug 15 1907, and that death occurred, on the date stated above, at 1:- a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 10-12 hrs. DAYS

Contributory (Primary.) Myocarditis - Senile

Pneum. Chr. Bronchitis - (DURATION) Unknown DAYS

Infected Leg Ulcers -

(Signed) Geo. W. Mahle M.D.

Address 1903 W Baltimore St

Date Aug 16 1907

Place of Burial New Hope Meth. Va.

Date Aug 18 th 1907

Undertaker C. W. Dill.

Address 810 Fredk Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1823 Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lora C. Murphy

{ Residence, if in Baltimore, Give Street and Number. } 1823 Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 16 1906

AGE: ____ years, 10 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: F. Murphy.

BIRTHPLACE OF FATHER (State or country): Frederick Md.

MAIDEN NAME OF MOTHER: Hattie Ray.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Murphy (mother)

(Address) 1823 Lexington St

Filed ..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190..... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. W. Reinhardt M.D.
Coroner

Address .....

Date August 16 1907.

Place of Burial: Cedar Hill

Date August 18th 1907

Undertaker: Jos. S. Hunter & Co.

Address: 318 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — Registered No. B 3861

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1042 William St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Earle Bald

{Residence, if in Baltimore, Give Street and Number.} 1042 William St

Duration of Residence in Baltimore. Life time

B 3861

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: July 17th 1906

AGE: ..... years, 13 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Geo Bald

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Bertha Lease

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo Bald

(Address) 1042 William St

Filed Aug 17 1907

HENRY C. AMUS — PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 16 1907 that I last saw h.. alive on Aug 16 1907 and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 4 DAYS

Con'ributory (Primary.) —

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 835 Light St

Date Aug 16th 1907

Place of Burial Baltimore Cemetery

Date Aug 18th 1907

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

29 V

CERTIFICATE OF DEATH. C 3862

Registered No. B

City of Baltimore, (No. 1133, Parish al, St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jerome Edward Banks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored (Black)

DATE OF BIRTH: Sept 11 (Month) (Day) 1902 (Year)

AGE: 4 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 1127 Parish al. Balto Md

FULL NAME OF FATHER: James A. Banks

BIRTHPLACE OF FATHER (State or country): West Indies

MAIDEN NAME OF MOTHER: Hariett Williams

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hariett Banks

(Address) 1133 Parish alley

Filed 8/17" 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 15th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 10 1907 to Aug. 15 1907

that I last saw h in alive on Aug. 10 1907,

and that death occurred, on the date stated above, at 2.20 P. M. The CAUSE OF DEATH was as follows:

Peritonitis (Tubercular)?

(DURATION) DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) W. E. Byers M. D.

Aug. 15 1907 (Address) 1755 W. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: August 18th 1907

UNDERTAKER: H. A. Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Viola M. White

{Residence, if in Baltimore, Give Street and Number.} 835 Vine St

Duration of Residence in Baltimore. Life

C 3863

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Black
DATE OF BIRTH	June 2 1907
AGE	....years, 2 months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Edw White
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Lula White
BIRTHPLACE OF MOTHER (State or country)	Chestertown Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 835 Vine St

Filed 8/17" 1907 HARRY J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 16 1907

that I last saw h-- alive on Aug 15 1907

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

2 Mos (DURATION) DAYS

Con'tributory (Primary.) Defective Feeding

(DURATION) 2 Mos DAYS

(Signed) C. Norwood M.D.

Address 939 N Fayette St

Date Aug 16 1907

Place of Burial Mt Auburn

Date August 17 1907

Undertaker P. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3864

City of Baltimore, (No. 608, Vincent St.; Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Murray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: — (Month) 1 (Day) — (Year)	
AGE: 43 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Banks

(Address) 420 N Bethel St

Filed 8/17" 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 13 1907 that I last saw h.. w.. alive on Aug 13 1907, and that death occurred, on the date stated above, at 5:30 a. m. The CAUSE OF DEATH was as follows:

Gastritis + Indigestion

(DURATION) 21 DAYS

Contributory Inanition

(DURATION) 14 DAYS

(Signed) J. L. Hooper M. D.

Aug 15 1907 (Address) 220 N. Gilmor St

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	August 18 1907
UNDERTAKER: R A Elliott	ADDRESS: 526 Royston Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 Decatur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicholas Fedder

{Residence, if in Baltimore, Give Street and Number.} 1416 Decatur St.

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dk known
AGE	33 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Hungary.
FULL NAME OF FATHER	Joseph Fedder
BIRTHPLACE OF FATHER (State or country)	Hungary.
MAIDEN NAME OF MOTHER	Dont know
BIRTHPLACE OF MOTHER (State or country)	Dont know
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Fedder wife

(Address) 1416 Decatur St

Filed 8/17 1907 Registrar

MARY D. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Hanging

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Weinhardt M.D.

Address Coroner

Date August 16 1907

Place of Burial Cedar Hill cemetery

Date Aug. 18 1907

Undertaker J. J. Fun McCully

Address 39 E. Fort ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

...whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Harford Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alexander Farr

{Residence, if in Baltimore, Give Street and Number.} 926 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 2 — 1832

AGE 75 years, — months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Samuel Farr

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary A. Newman

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 10.10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure, from Edema and Paralysis of one side, Cerebral Hem July 3rd 07

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. D. Feldhaus Coroner M.D.

Address 211 N. Lanvale St

Date Aug 17th 1907

Place of Burial Baltimore

Date Aug 18, 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 217 S. Bond Ste. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Horst

{ Residence, if in Baltimore, Give Street and Number. } 217 S. Bond str.

Duration of Residence in Baltimore. 60 years.

C B 269

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	August 5th 1824
AGE	83 years, — months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Schubert
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Horst

(Address) 217 S. Bond St

Filed 8/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 14th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11th 1907 to August 14th 1907

that I last saw h[er] alive on Aug. 14 1907, & 10 m

and that death occurred, on the date stated above, at 10 m

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion Old age

Capillary Bronchitis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hattie A. Meyer M.D.

Address 1031 N. Caroline Str

Date August 16th 1907

Place of Burial St. Mathews Cemetery

Date Aug. 18th 1907

Undertaker H. Saunders Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C 3868 Register No. C 3868 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2111 Bank St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Evan J. Cox

{ Residence, if in Baltimore, Give Street and Number. } 2111 Bank St. Lifetime

Duration of Residence in Baltimore. ~~74~~ Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 28th 1845

AGE 62 years, — months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Evan T. Cox

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Eliza A. Bullock

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. T. Cox

(Address) 2111 Bank St.

Filed Aug 15 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 15 1907 that I last saw him alive on Aug 14 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis causing Uraemia

(DURATION) 14 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) E. E. Rinck M.D.

Address 2000 E. Balt. St.

Date Aug 15 1907

Place of Burial Baltimore Cemetery

Date Aug. 18th 1907

Undertaker H. Sander & Sons

Address 1511 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 617 S. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ada M Wright

{ Residence, if in Baltimore, Give Street and Number. } 617 S. Milton Ave

Duration of Residence in Baltimore. Life

0 3469

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 12th 1907

AGE ..... years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Wright

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Laura Moore

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wright

(Address) 617 S Milton Ave

Filed 8/17 1907

HARRY C. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 16th 1907

I HEREBY CERTIFY, That I attended deceased from July 22d 1907 to Aug 16th 1907

that I last saw h er alive on Aug 15th 1907,

and that death occurred, on the date stated above, at 12:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery Duration 25 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) C. V. Atlee M.D.

Address 2 Hudson Court

Date Aug 16th 1907

Place of Burial Oak Lawn Cemetery

Date Aug. 18th 1907

Undertaker H. Sauer & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. 1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 2050 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward E. Geiger

{Residence, if in Baltimore, Give Street and Number.} 2053 Bank St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 13th 1872

AGE 35 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER W. L. Geiger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth George

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Electrician Motor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Rud. Evans

(Address) 2053 Bank St

Filed Aug 17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16, 1907

I HEREBY CERTIFY, That I attended deceased from August 11, 1907 to August 16 1907 that I last saw h.. alive on August 16 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) ..... M.D.

Address .....

Date August 16 1907

Place of Burial London Park Cemetery

Date Aug 18th 1907

Undertaker W. Sandy & Son

Address 1310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2022 Mary Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Burrows

{ Residence, if in Baltimore, Give Street and Number. } 2022 Mary Ann.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1849

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER John Burrows.

BIRTHPLACE OF FATHER (State or country) Washington D.C.

MAIDEN NAME OF MOTHER Elizabeth Hunter

BIRTHPLACE OF MOTHER (State or country) .....

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph C. Burrows

(Address) 2022 Mary Ann St

Filed 8/17 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to Aug 15 1907

that I last saw h alive on Aug 15 1907

and that death occurred, on the date stated above, at 1.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) Two DAYS

Con'tributory (Primary.) Bright's Disease

(DURATION) ..... DAYS

(Signed) Walter A Cox M.D.

Address 54 S. Fulton Ave

Date Aug 16 1907

Place of Burial Western Cem

Date Aug 18 1907

Undertaker Geo. H. Linde

Address 521 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

108

(Place of Death.) No. City Hospital - Baltimore Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stephen J Moore

{Residence, if in Baltimore, Give Street and Number.} 925 Pennsylvania Ave

Duration of Residence in Baltimore. 20 to 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH January 4 1844

AGE 63 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Drogheda, Ireland

FULL NAME OF FATHER John Moore

BIRTHPLACE OF FATHER (State or country) Cork City, Ireland

MAIDEN NAME OF MOTHER Mary Teresa Ward

BIRTHPLACE OF MOTHER (State or country) County Louth, Ire.

OCCUPATION OF DECEASED Staple and Fancy Groceries

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Frank L. Maguire

(Address) 121 Newburg Ave Catonsville

Filed 8/17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 A.M. 1907 to Aug 15 P.M. 1907 that I last saw him alive on Aug 15 P.M. 1907 and that death occurred, on the date stated above, at 5.10 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Intestinal obstruction

(DURATION) 36 hrs. DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) Walter D Thrasher M.D.

Address City Hospital

Date August 15th 1907

Place of Burial New Cathedral

Date Aug 19th 1907

Undertaker Holohan Keirnan & Co.

Address 300 So Paca Street Cor Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1519 Clarkson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry H. Francke

{Residence, if in Baltimore, Give Street and Number.} 1519 Clarkson St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 24 1871

AGE: 35 years, 7 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo. Francke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: C. Wells

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Newshoffer

(Address) 1519 Clarkson St.

Filed 8/17 1907 [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from April 30 1907 to Aug 16 1907

that I last saw h~~im~~ alive on Aug 16 1907,

and that death occurred, on the date stated above, at 10-30 ~~A~~ P. M.

CAUSE OF DEATH (Secondary or Immediate)

Respiratory Failure

(DURATION) 3 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover

Date Aug 17 1907

Place of Burial: Western Cem

Date Aug 19 1907

Undertaker: E. Schlosman & Son

Address: 103 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 1122 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H. Edwards

{Residence, if in Baltimore, Give Street and Number.} 1122 Orleans

Duration of Residence in Baltimore. 30 yrs C38NH

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1851

AGE: 56 years, ___ months, ___ days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Edwards

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: ___

BIRTHPLACE OF MOTHER (State or country): ___

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Edwards

(Address) 1122 Orleans St

Filed 8/17 1907

Registrar HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 — 1907

I HEREBY CERTIFY, That I attended deceased from July 8 — 1907 — to Aug 15 — 1907, that I last saw him alive on Aug 15 — 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Dropsy

(DURATION) 15 DAYS

Contributory (Primary.) Endocarditis several months

(DURATION) ___ DAYS

(Signed) W. T. Harris M.D.

Address 1344 Druid Hill Ave

Date Aug 17 1907

Place of Burial Asbury Cemetery

Date Aug 18th 1907

Undertaker Chas S. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 807 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvina Kloiber

{ Residence, if in Baltimore, Give Street and Number. } 807 E. Pratt st

Duration of Residence in Baltimore. Life

1377

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: ..... years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Louis Kloiber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophie Burkei

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Kloiber

(Address) 807 E. Pratt st

Filed 8/17" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 15 8h. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 15 1907 that I last saw h.er alive on Aug 15 1907, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Meningitis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wentzen M.D.

Address 16 S Broadway

Date Aug 15 1907

Place of Burial Holy Redeemer

Date Aug. 17 1907

Undertaker Grundell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) No. Steamer Chesapeake B. Co. Bay. Chesapeake Bay off Claiborne St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha C. Harris

{ Residence, if in Baltimore, Give Street and Number. } 49 E Hughes St.

Duration of Residence in Baltimore. 25 yrs.

C 13 N 6

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	Dec 1866.
AGE	41 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Cambridge Md
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Stewardess

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Dennis daughter

(Address) 37 Guilford Ave.

Filed Aug 17 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 15 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h... alive on ~~1907~~

and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Acute Indigestion

(DURATION) DAYS

(Signed) H. McReinhardt M.D.

Address Coroner

Date August 16 1907

Place of Burial Mt. Auburn Cem.

Date Aug 18 1907

Undertaker M. Doyle & Son.

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF D

(Place of Death.) No. 1214 Ashland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry ~~Schneider~~ J. Snyder.

{Residence, if in Baltimore, Give Street and Number.} 1214 Ashland Ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 19 1873

AGE: 34 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Snyder.

BIRTHPLACE OF FATHER (State or couutry): Germany.

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Snyder

(Address) 17. E. Lee. St.

Filed Aug 17 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 16 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Aug 16 1907

that I last saw h[illegible] alive on Aug 15 1907

and that death occurred, on the date stated above, at 4½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline st.

Date Aug. 16 1907

Place of Burial St. Joseph's Cemetery Balto. Co.

Date Aug 19 1907

Undertaker M. Doyle & Son.

Address 17. E. Lee st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DE[ATH]

(Place of Death.) No. 1142 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Blanche Campbell

{Residence, if in Baltimore, Give Street and Number.} 1142 N. Calhoun St

Duration of Residence in Baltimore. 2 yrs 4 mos

C38 78

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem	Colrd

DATE OF BIRTH Unknown 1

AGE — years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sngl.

BIRTHPLACE (State or country) Boston

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Lonie Campbell

BIRTHPLACE OF MOTHER (State or country) Mass

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Stokely

(Address) 1142 N. Calhoun St

Filed

..... 190.....

HARRY C. ANDRE[WS] Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17th 1907

I HEREBY CERTIFY, That I attended deceased from

.....190.....to.....190.....

that I last saw h.....alive on.....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

from two th (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYs

(Signed) Wm Baldwin M.D.

Address 700 Lex. Ave. (Corner)

Date Aug. 17 190

Place of Burial Mt Auburn

Date Aug 18th 07 190

Undertaker Clarence E Orrell

Address 1364 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his other, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DE[ATH]

(Place of Death.) No. St. Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Sommerlad (SOMMERLAD)

{ Residence, if in Baltimore, Give Street and Number. } ?

Duration of Residence in Baltimore. Life C3879

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: July 1869	
AGE: 38 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	Not known
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ferdinand Meyer

(Address) 2404 E. Madison St

Filed 8/17" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 16 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1907 to Aug. 16 1907

that I last saw h[im] alive on Aug. 16 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suppression of Urine

(DURATION) DAYS

Contributory (Primary.) Delirium Tremens (DURATION) DAYS

(Signed) Wm. J. Schmitz M.D.

Address St. Joseph's Hosp.

Date Aug. 16 1907

Place of Burial Mount Carmel

Date Aug 18 1907

Undertaker Henry Lutz

Address 100 & 102 Bond st

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEA

(Place of Death.) No. 1209 ~~Gebhardt~~ 1209 N. Hopkins St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gebhart

{ *Residence, if in Baltimore, Give Street and Number.* } 1209 N. Hopkins Ave

Duration of Residence in Baltimore. 63 years. C. 3880

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 4th 1818

AGE: 89 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. L. Scrunger

(Address) 1209 N. Hopkins ave

Filed 8/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16 1907

I HEREBY CERTIFY, That I attended deceased from August 12 1907 to August 16 1907 that I last saw h[im] alive on August 15 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion (DURATION) X DAYS

(Signed) Arthur Hegefarth M.D.

Address 1207 E Monument St

Date August 17 1907

Place of Burial Baltimore Cemetery

Date Aug 18 1907

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Ward 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 Baker

Full Name Elizabeth Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

{ Residence, if in Baltimore, Give Street and Number. } 514 Baker St.

Duration of Residence in Baltimore. Life time C3881

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: March 17th 1907	
AGE: — years, 4 months, 29 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: John P. Bond	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Nellie Tabbs.	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: None.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Bond

(Address) 514 Baker St.

Filed 8/17 1907

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14th 1907 to Aug 15 1907

that I last saw h[illegible] alive on Aug 15 1907,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 30 DAYS

Con'ributory (Primary.)

Asthenia (DURATION) 42 DAYS

(Signed) Edward E. Mactinyre M.D.

Address 1339 N. North Ave

Date Balto Aug 17th 1907.

Place of Burial Mt Hope cemetery

Date Aug 17th 1907

Undertaker Geo H. Hoopes

Address 6092 Reed St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DE

(Place of Death.) No. 1242 Carroll — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry W. Kronenberg —

{ Residence, if in Baltimore, Give Street and Number. } 1242 Carroll

Duration of Residence in Baltimore. Life C3862

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 15 — 1907

AGE: — years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Henry W Kronenberg

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary E. Warrenburger

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W Kronenberg

(Address) 1242 Carroll

Filed 8/17" 1907 HARRY O. ANDRE, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 16 1907

that I last saw h alive on Aug 16 1907, and that death occurred, on the date stated above, at 1 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 4 DAYS

Contributory (Primary) Exhaustion (DURATION) 2 DAYS

(Signed) Edwin Chenowith M.D.

Address 611 Lexington

Date Aug 17 1907

Place of Burial Baltimore Mem

Date Sunday Aug 18 1907

Undertaker H. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPT.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. BC 3883

City of Baltimore, (No. 412 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 5 (Month) (Day) 1906 (Year)

AGE: 1 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pennsylvania,

FULL NAME OF FATHER: Charles A Green

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Elizabeth A Ohrmson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C H Green

(Address) 412 Hanover St.

Filed 8/17 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 17 1907

that I last saw h— alive on Aug 17 1907,

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Child was unconscious when first called. Death evidently due to autointoxication. Had been vomiting & purging (DURATION) 1 DAYS

Contributory Teething (DURATION) 30 DAYS

(Signed) C M Brannin M. D.

Aug 17 1907 (Address) 400 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Marion Md — DATE OF BURIAL: Aug 18 1907

UNDERTAKER: W J Tucker & Sons — ADDRESS: Camden & Pac

WM. J. C. DULANY CO., BALTIMORE.

BT 409

CERTIFICATE OF DE[ATH]

(Place of Death.) No. 1841 Light St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Kail

{ Residence, if in Baltimore, Give Street and Number. } 1841 Light St (KYLE)

Duration of Residence in Baltimore. Lifetime C3884

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1855

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Portsmouth Va

FULL NAME OF FATHER Jonas Peele

BIRTHPLACE OF FATHER (State or country) N. C.

MAIDEN NAME OF MOTHER Francis White

BIRTHPLACE OF MOTHER (State or country) N. C

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William A. Kyle

(Address) 1724 Johnson st.

Filed 8/17 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15th 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 14th 1907 to Aug 15th 1907,

that I last saw her alive on Aug 15th 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dysentrie

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. T. Hayburn M.D.

Address 1608 Light St

Date Aug 16th 1907,

Place of Burial Cedar Hill (a.a.Co.)

Date # 8/18-07 Aug 18 1907

Undertaker J E Evans

Address 14283 Charles

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Ht Holmes Wilson Sanitarium Mt Wilson Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hilda Rice

{ Residence, if in Baltimore, Give Street and Number. } 1313 Woodyear Ave

C 3885

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE — years, 3 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis A Gardner

(Address) 1313 Woodyear

Filed 7/17" 1907

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 17 1907

I HEREBY CERTIFY, That I attended deceased from aug 1 1907 to aug 17 1907

that I last saw h.. alive on aug 17 1907,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis - dyspepsia

diarrhoea

6 weeks. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry L. Mattle M.D.

Address Baltimore Md

Date aug 17 1907

Place of Burial St Peters

Date Aug 19 1907

Undertaker Wharton Jaker & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF D

(Place of Death.) No. 448 Turner Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Rupp

{ Residence, if in Baltimore, Give Street and Number. } 448 Turner Place

Duration of Residence in Baltimore. C3886

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH July 9th 1907

AGE ~ years, ~ months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wm H Rupp

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Elenora Kagle

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Rupp

(Address) 448 Turner Place

Filed 8/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1907 to Aug. 17 1907

that I last saw h[illegible] alive on Aug 17 1907,

and that death occurred, on the date stated above, at 6.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Indefinite (DURATION) DAYS

Contributory (Primary.) Intestinal indigestion (DURATION) 7 DAYS

(Signed) L. A. Richardson M.D.

Address 112 N. 25th St

Date Aug. 17th 1907

Place of Burial Manchester Church cem

Date Aug 19th 1907

Undertaker C. F. Sheldon

Address 1711 and ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTI[illegible]

(Place of Death.) No. 1623 D[illegible] Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilmot Morris

{ Residence, if in Baltimore, Give Street and Number. } Chas. Co Md

Duration of Residence in Baltimore. 6 days C387

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH 1

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Chas. Co. Md

FULL NAME OF FATHER: Wm Morris

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Kate Hargis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Morris

(Address) 1623 D. Hillsdale

Filed 8/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 — 1907 to Aug 17 — 1907

that I last saw h[illegible] alive on Aug 17 — 1907,

and that death occurred, on the date stated above, at [illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Stomach

(DURATION) 3 DAYS

Contributory (Primary)

Gastro Enteritis (DURATION) 13 DAYS

(Signed) W S Harris M.D.

Address 1344 Druid Hill Ave

Date Aug 18 — 1907

Place of Burial Samuel Cem

Date Aug 18 1907

Undertaker Jno. V. Jordan

Address 142 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C... H.

(Place of Death.) No. 30[illegible] St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Geo E Gill

{ Residence, if in Baltimore, Give Street and Number. } 1009 Hopkins Ave

Duration of Residence in Baltimore. Most of his life C3889

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1.....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm A. Gill

BIRTHPLACE OF FATHER (State or country) W. Va

MAIDEN NAME OF MOTHER Estella Spurrier

BIRTHPLACE OF MOTHER (State or country) [illegible]

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary A. Gill

(Address) 1009 Hopkins Ave Md

Filed 8/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16 1907 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suffocation from inspiration of blood at
& collapse of flow of blood at
fire 307-9 N. Balto St.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. D. Goldsborough Coroner M.D.

Address 211 N. Lanvale St.

Date Aug 16th 1907

Place of Burial Woodlawn Cem

Date Aug 19 190.....

Undertaker Wm Cook

Address 502 E Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 3889 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 S. Green St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bridget Brown

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white.

DATE OF BIRTH: 1

AGE: about 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Brown

(Address) 613 S. Green St.

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 17th 1907

I HEREBY CERTIFY, That I attended deceased from

aug 15 1907 to aug 17 1907

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis — duke

about 3 yrs —

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. D. Gibbons M.D.

Address 211 W. Lanvale

Date aug 17th 1907

Place of Burial St Patricks

Date aug. 19 1907

Undertaker Lowbook

Address 502 E Fayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105.

CERTIFICATE OF DEATH.

Registered No. C3890

City of Baltimore, (No. 1707, Ringgold St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Charles Renner

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 28 1901 (Month) (Day) (Year)
AGE	years, 6 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	William Renner
BIRTHPLACE OF FATHER (State or country)	Baltimore city
MAIDEN NAME OF MOTHER	Ada Johnson
BIRTHPLACE OF MOTHER (State or country)	Baltimore city
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Renner

(Address) No. 1707 Ringgold St.

Filed 8/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Aug. 17 1907 that I last saw him alive on Aug. 17 1907, and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH was as follows:

Gastro Intestinal Catarrh

Several weeks' (DURATION) DAYS

Contributory Marasmus

Several weeks' (DURATION) DAYS

(Signed) R. C. Blewett M. D.

Aug. 18 1907 (Address) 1726 Hartford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel	Aug 19 1907
UNDERTAKER	ADDRESS
Wm Cook	602 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 3891 Registered No. B C 3891

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 Bruce St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 406

Full Name Eliza Ensor

{Residence, if in Baltimore, Give Street and Number.} 720 Bruce St

Duration of Residence in Baltimore. 20yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown 1

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Allen Cole

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Lydia Bacon

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bruce Jones

(Address) 725 Bruce St.

Filed 8/18 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Aug 16 1907

that I last saw her alive on Aug 15 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Carcinoma

5 Mos (DURATION) DAYS

Con'tributory (Primary.) Asthenia

2 Mos (DURATION) DAYS

(Signed) H Norwood M.D.

Address 739 W Fayette St

Date Aug 16 1907

Place of Burial Odd Fellows Cemetery

Date Aug 18 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Filed 8/18

C 3892

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 3892

Registered No. B.....

City of Baltimore, (No. 1700, Crystal Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie C. Strout

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W.

DATE OF BIRTH: July (Month) 11 (Day) 1907 (Year)

AGE: ..... years, 1 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George B. Strout

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Torleson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Torleson

(Address) 1700 Crystal Av.

Filed 8/18 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Aug 17 1907

that I last saw her alive on Aug 16 1907,

and that death occurred, on the date stated above, at ..... A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 36 DAYS

Contributory Asthenia

(DURATION) 36 DAYS

(Signed) J. B. Schwatka M.D.

Aug 17 1907 (Address) 1003 N. 13th Way

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Aug 18 1907
UNDERTAKER	ADDRESS
A. Fink & Son	910 N. Gay

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 3893 Registered No. B C 3893

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 John St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Owen Patterson

{Residence, if in Baltimore, Give Street and Number.} 1302 John St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1829

AGE 78 years, ~ months, ~ days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michael Patterson

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1302 John St.

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17 1907

I HEREBY CERTIFY, That I attended deceased from May 1 1907 to July 17 1907

that I last saw h... alive on July 17 1907,

and that death occurred, on the date stated above, at ~~a~~ M. CAUSE OF DEATH (Secondary or Immediate.)

was found dead in bed, having been fairly well at bedtime. Probable Cause Pulmonary Apoplexy. (DURATION) 1 DAYS

Contributory (Primary.) Arterio-Sclerosis with Chronic Nephritis (DURATION) DAYS

(Signed) Chas. L. Donovan M.D.

Address 10 E. Read St

Date Aug 17 1907

Place of Burial Cathedral Cemetery

Date Aug. 20" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

Telephone Mt. Vernon 6668

WM. J. C. DULANY CO., BALTIMORE.

Case has my full explain D. Donovan

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 3894 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1242 Jackson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raymond Steinberg

{Residence, if in Baltimore, Give Street and Number.} 1242 Jackson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 27 1907

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Samuel Steinberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kitty Walfish

BIRTHPLACE OF MOTHER (State or country) Pensylvania

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Steinberg

(Address) 1242 Jackson

Filed 8/18 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 12 1907

that I last saw h alive on Aug 12 1907

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus C

Thrombosis (DURATION) DAYS

Con'tributory (Primary.) Sick (DURATION) DAYS

(Signed) G. F. Block M.D.

Address 1520 E Balt

Date Aug 17-07 1907

Place of Burial Rose Dale Cemet

Date Aug 18, 1907

Undertaker Mark Levinson

Address 1620 N. Eldeny

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3895 Registered No. B C 3895

CERTIFICATE OF DEATH.

(Place of Death.) No. 1242 Jackson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name David Steinberg 151

{ Residence, if in Baltimore, Give Street and Number. } 1242 Jackson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Wh

DATE OF BIRTH July 27 1907

AGE ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Samuel Steinberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Kate Walfish

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Steinberg

(Address) 1242 Jackson St.

Filed 8/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18 190 to 190

that I last saw him alive on Aug 18 1907,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Congenital

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Aug 18 1907

Place of Burial Rosedale Cemetery

Date Aug 19 1907

Undertaker Max. Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3895 Registered No. B C 3895 V 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1518 Thames St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maryanna Bogrowski

{Residence, if in Baltimore, Give Street and Number.} 1518 Thames St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 26 1906

AGE: ..... years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Stephen Batchgrock

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Stanislawa Rumsena

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Balgrock

(Address) .....

Filed 8/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1907,

I HEREBY CERTIFY, That I attended deceased from Aug. 13 1907 to Aug. 17 1907 that I last saw her alive on Aug. 17 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. C. Josephson M.D.

Address 4 N. Bway.

Date Aug. 18 1907.

Place of Burial Holy Rosary

Date Aug 19 1907

Undertaker Jacob Fiatkowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3897

Registered No. B 105

City of Baltimore, (No. 624, N. Stockton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Archie Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col-
DATE OF BIRTH	May 27 1907 (Month) (Day) (Year)
AGE	....years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Nathan Butler
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Katie Washington
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Katie Washington

(Address) 624 N. Stockton

Filed 8/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 8 1907 to Aug. 17 1907

that I last saw him alive on Aug. 17 1907,

and that death occurred, on the date stated above, at 3.40 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 14 DAYS

Contributory Exhaustion -

(DURATION) 7 DAYS

(Signed) E. H. Holbrook M. D.

Aug. 17, 1907 (Address) 728 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Aug 18 1907
UNDERTAKER	ADDRESS
Heber B Pye	102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 3898 Registered No. B C 3898

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1436 Mund St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lillian Sarah Cornish

{ Residence, if in Baltimore, Give Street and Number. } 1436 Mund

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Black
DATE OF BIRTH 1	
AGE ..... years, 4 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	
BIRTHPLACE (State or country) Balto. md	
FULL NAME OF FATHER Thos. Cornish	
BIRTHPLACE OF FATHER (State or country) md	
MAIDEN NAME OF MOTHER Martha Sandbeck	
BIRTHPLACE OF MOTHER (State or country) md	
OCCUPATION OF DECEASED ———	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Cornish

(Address) 1436 Mund

Filed Aug 18 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 17 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Edema

Intestinum

(DURATION) 35 DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Emmet Jones M.D.

Address .....

Date ..... 190 .....

Place of Burial Mt Zion

Date Aug 18 1907

Undertaker Jno H Frazier

Address 142 Wilkens

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 3899 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1231 Bayard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Irene Groves

{ Residence, if in Baltimore, Give Street and Number. } 1231 - Bayard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR C

DATE OF BIRTH ..... 1 .....

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Thos Groves

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Alice Harper

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Groves

(Address) 1231 Bayard

Filed 8/18 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 17 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 28 DAYS

Con'tributory (Primary.) Measles

(DURATION) 9 DAYS

(Signed) Thos Jones M.D.

Address Coroner

Date 190

Place of Burial Mt Auburn ✓

Date Aug 18 1907

Undertaker Ernest Trader

Address 942 Wilkens

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

142 V

CERTIFICATE OF DEATH. C 3900

Registered No. B .....

City of Baltimore, (No. 1204, E. Eager ..... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Adam Edward Edelmann

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: October (Month) 21 (Day) 1894 (Year)

AGE: 12 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frank A. Edelmann

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Katherine Baldaus

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank A. Edelmann

(Address) 1204 E. Eager St

Filed 8/18" 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to August 16 1907 that I last saw h[illegible] alive on August 16 1907, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Gangrena Nosocomialis

9 Months (DURATION) 16 DAYS

Contributory would not take any nourishment (DURATION) 12 DAYS

(Signed) P. M. Graham M. D.

Aug 17 1907 (Address) 1633 Patterson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 19 1907
UNDERTAKER	ADDRESS
Henry Hoecker Sons	1201 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

Ward 8 C 3901 Registered No. B C 3901

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Maxwell

{ Residence, if in Baltimore, Give Street and Number. } 1808 E Biddle St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 4 hours
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Maxwell

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lottie Hart

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Thomas Maxwell

(Address) 940 N. Eberdeen

Filed 8/18 1907 HARRY C. ANDREE Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1907 to Aug 17 1907

that I last saw h alive on Aug 17 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or immediate)

Prematurity

(DURATION) One DAY

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 1201 E. Balt. St

Date Aug 17 1907

Place of Burial Baltimore Cemetery.

Date Aug. 18 1907

Undertaker Frank Grach

Address 1909 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

C 3902

Registered No. B.....

City of Baltimore, (No. 1628 Fruby St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edwin Parsons

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 24 1906 (Month) (Day) (Year)
AGE	2 years, 24 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Jas Parsons
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Nellie Gallagher
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Parsons

(Address) 1625 Fruby St

Filed 8/18 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 12th 1907 to Aug. 17 1907 that I last saw him alive on Aug. 17th 1907, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Exhaustion & Syncope
Cerebral Meningitis
(DURATION) 4 DAYS
Contributory Acute Entero Colitis
(DURATION) 7 DAYS

(Signed) William J. Pelletier M. D.
Aug. 18 1907 (Address) 280 Yorkland

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
N. Dale	Aug 19 1907
UNDERTAKER	ADDRESS
John Homan	903 Hillard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 1 Registered No. B C 3903 130

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Luke's Hospital 114-116-118 W North Ave (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Agnes Hilliard Lowe

{ Residence, if in Baltimore, Give Street and Number. } Lanham, Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 12 — 1870

AGE: 37 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: Thos M. B. Norwood

BIRTHPLACE OF FATHER (State or country): Frederick Co Md

MAIDEN NAME OF MOTHER: Agnes Hilliard Norwood

BIRTHPLACE OF MOTHER (State or country): Frederick Co Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. D. Lowe

(Address) Lanham Md

Filed Aug 19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 17 1907 that I last saw h-er alive on Aug 17 1907, and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Shock —

8 Hours (DURATION) DAYS

Contributory (Primary.) Diseased Uterus probably Cancerous (DURATION) 13 years DAYS

(Signed) Chunderlal Tummey M.D.

Address 812 Park Ave

Date Aug 17 1907

Place of Burial Frederick Co Md

Date Aug 19 1907

Undertaker J. E. Evans & Son

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B C 3904

City of Baltimore, (No. 728 N Eutaw St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Elizabeth F Hunter

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 83 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Samuel Booker

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Hunter

(Address) 728 N Eutaw St

Filed Aug 19 1907

(ANDREWS) PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Aug 16 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Aug 8 1907 to Aug 16 1907

that I last saw her alive on Aug 9 1907,

and that death occurred, on the date stated above, at 10 a M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) ..... DAYS

Contributory .....

6 (DURATION) ..... DAYS

(Signed) ..... C W D Booker ..... M. D.

Aug 18 1907 (Address) 208 W. Monument.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Aug 19 1907
UNDERTAKER	ADDRESS
John E Haughey	1422 Pennsa Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 Registered No. B 3903

83 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Fourth ave. & W. Un. R. R St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Gray

{Residence, if in Baltimore, Give Street and Number.} Fourth av. & Union Imp. R. R.

Duration of Residence in Baltimore. about Fifty Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Man | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Humphrey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Spencer

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Gray

(Address) Same as above

Filed Aug 19 1907 HARRY O. ANDREWS, PERM'T CLERK. Registrar

C & C B

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

about five yrs (DURATION) DAYS

Con'ributory (Primary.) Suppression of Urine

Uraemia (DURATION) DAYS

(Signed) Silas Bacon M.D.

Address Two Log. av. (Canton)

Date Aug. 19th 1907

Place of Burial Balto Cem

Date Aug 19/07. 190

Undertaker JOHN E. HOUGH CO

Address 422 Penna. Ave. Baltimore, Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date***

Ward 1 C 3906 Registered No. B C 3906

CERTIFICATE OF DEATH.

(Place of Death.) No. 18 Harford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margrith. Ellen Fisher

{ Residence, if in Baltimore, Give Street and Number. } 18 Harford ave

Duration of Residence in Baltimore. Life 10 Months of 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH June 1 1907

AGE ..... years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Joseph Fisher

BIRTHPLACE OF FATHER (State or country) Balt

MAIDEN NAME OF MOTHER Rhabna Fragerasa

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 18 Harford ave

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 18 1907 to Aug. 18 1907

that I last saw h alive on Aug. 18 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Gillis M.D.

Address 1519 N. Caroline St

Date Aug. 19 1907

Place of Burial Holy Redeemer Cem

Date Aug. 19 1907

Undertaker Randall Lipsett & Son

Address 330 S. Bond st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3907 Registered No. B C 3907

CERTIFICATE OF DEATH.

114

(Place of Death.) No. 1241 Hare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Piasecki

{ Residence, if in Baltimore, Give Street and Number. } 1241 Hare st.

Duration of Residence in Baltimore. 34 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 60 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Piasecki

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Piasecki

(Address) 1241 Hare st.

Filed Aug 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10th 1907 to Aug 17th 1907

that I last saw her alive on Aug 17th 1907,

and that death occurred, on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (DURATION) 1 DAYS

Contributory (Primary.) Acute Nephritis (DURATION) 10 DAYS

(Signed) Edw. Athey M.D.

Address 2 Hudson St.

Date Aug. 18th 1907

Place of Burial St. Mary's Cem.

Date Aug 19th 1907

Undertaker Wendell Lifsey & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 3908 Registered No. B C 3908

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 214 S. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen. Albert

{ Residence, if in Baltimore, Give Street and Number. } 214 S. Castle st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1907

AGE 1 years, 3 months, 1 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED S

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Albert

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Mary Jergens

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Albert

(Address) 214 S. Castle St

Filed 8/14 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9th 1907 to Aug 17th 1907

that I last saw h.er alive on Aug 17 1907, and that death occurred, on the date stated above, at 3:20

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Meningitis

(DURATION) DAYS

(Signed) Monumental Comm M.D.

Address 1833 E Baltimore St.

Date Aug 19th 1907

Place of Burial Holy Redeemer Cem

Date Aug 19. 1907

Undertaker Kendall Tipped & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 Registered No. B

C 3909

CERTIFICATE OF DEATH.

137

(Place of Death.) No. Univ of Md Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emma James

{ Residence, if in Baltimore, Give Street and Number. } 1173 S. Carlton St.

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jos Watts

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Susan Bon

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Sprinkler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Watts

(Address) 225 N Carlton

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17-1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Blood Poison, caused by self procured abortion.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gelstark Coroner M.D.

Address 211 N. Lauren

Date Aug 17 1907

Place of Burial Rt Auburn Cemetery

Date Aug 19 1907

Undertaker Geo H Cooper

Address 609 Little Pacific St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3910 27

Registered No. B .....

City of Baltimore, (No. 1006, E. Eager St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth J. Dunnkirk

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 7 (Month) (Day) 1884 (Year)

AGE: 22 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Davern

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Byrne

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Davern

(Address) 1006 E. Eager St.

Filed Aug 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 17 1907

that I last saw her alive on Aug 17 1907

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

.....(DURATION)..... DAYS

Contributory .....

.....(DURATION)..... DAYS

(Signed) James M. Fenton M. D.

Aug 17 1907 (Address) 7 W Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: Aug 20 1907

UNDERTAKER: Henry Hoeck & Son

ADDRESS: 1311 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

She was Dr. Parkers Patient who is out of town & I know not how long She was sick

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3911

Registered No. B

City of Baltimore, (No. 1203 Ashland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Barry

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. (Month) 17 (Day) 1907 (Year)

AGE: ~~years~~, ~~months~~, 1 hr ~~days~~

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: James Barry

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Minnie Murphy

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Barry

(Address) 1203 Ashland Ave

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 17th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1907 to Aug 17th 1907 that I last saw h[illegible] alive on August 17 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 1 hr DAYS

Contributory Rheumatism

(DURATION) 1 hr DAYS

(Signed) P. E. Lilly M. D.

Aug 8 1907 (Address) 207 Cumberland St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug 19 1907
UNDERTAKER	ADDRESS
Henry Storck & Son	1301 E. Eager St.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B 3912

City of Baltimore, (No. 570 Robert St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Olwood Roberts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Daniel Roberts

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Laura Carmack

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Roberts

(Address) 70 Reubmand St.

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ..... (Month) Aug 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16 1907 to Aug 17 1907

that I last saw him alive on Aug 17 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Colitis

..... (DURATION) ..... DAYS

Contributory .....

about 2 1 (DURATION) ..... DAYS

(Signed) E W Lucas M. D.

Aug 18 1907 (Address) 1908 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Peters Cemetery

DATE OF BURIAL: Aug 19 1907

UNDERTAKER: Felix B. Ryle.

ADDRESS: 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 3913 Registered No. B ..... C 3913

CERTIFICATE OF DEATH.

(Place of Death.) No. 547 Lanvale St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emily Lewis

{Residence, if in Baltimore, Give Street and Number.} 547 Lanvale St

Duration of Residence in Baltimore ..... 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lewis

Res. (Address) 547 Lanvale St.

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug. 18 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to aug 18 1907

that I last saw her alive on aug 17 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease, chronic

Asthma

Marasmus (DURATION) 2 DAYS

Contributory (Primary.) Heart (DURATION) 55 DAYS

(Signed) Geo. W. Leonard M.D.

Address 708 Eutaw St

Date 8-18-07

Place of Burial St. Peters Cemetery

Date August 21 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IV

Registered No. B C 3914

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Josephine Smith

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: April 20 1907

AGE: ..... years, 3 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGuinness

(Address) 2005 Madison Ave.

Filed 8/19 1907

..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 18 1907

I HEREBY CERTIFY, That I attended deceased from Apr. 20 1907 to Aug. 18 1907

that I last saw her alive on Aug. 17 1907,

and that death occurred, on the date stated above, at ..... a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Alexius McGuinness M.D.

Address 2005 Madison Ave

Date Aug. 18 1907

Place of Burial Cathedral Cemetery

Date August 19 1907

Undertaker Felix B. Pyle

Address 102 E. Fulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B C 3915 C 3915

CERTIFICATE OF DEATH.

(Place of Death.) No. 1915 Division St. 120

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas R. Murray.

{Residence, if in Baltimore, Give Street and Number.} 1915 Division St.

Duration of Residence in Baltimore. over 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: David Murray

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): U/ U/

OCCUPATION OF DECEASED: Preacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Gassaway

(Address) 1915 Division St

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 16 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 27 1907 to Aug 16 1907

that I last saw him alive on Aug 16 1907,

and that death occurred, on the date stated above, at 11:05 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma (Nephritis)

(DURATION) 6 DAYS

Contributory (Primary.) Age. Arteio Sclerosis

(DURATION) DAYS

(Signed) Wm. H. Wyatt M.D.

Address 1373 N. Carey St

Date August 16, 1907.

Place of Burial Mt Auburn Cem.

Date Aug 19th 1907

Undertaker B. L. Brown and Son

Address 108 W. Montgomery St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 C 3916 Registered No. B C 3916

CERTIFICATE OF DEATH.

(Place of Death.) No. 1532 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Emily Button

{ Residence, if in Baltimore, Give Street and Number. } 1532 E. Pratt Street

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Co. Md.

FULL NAME OF FATHER Chas. S. Bandell

BIRTHPLACE OF FATHER (State or country) Balto. Co. Md

MAIDEN NAME OF MOTHER Sarah Keizer

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob R. Button Jr.

(Address) 39 Eastern ave. Est.

Filed Aug 19 1907

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH AUG 16 1907 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to Aug. 16th 1907 that I last saw her alive on Aug. 15th 1907, and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Phthisis Pulmonalis

14 months (DURATION) ~~DAYS~~

(Signed) Wm. H. Johnson M.D.

Address 2017 E. Balto St.

Date Aug. 17th 1907

Place of Burial Oak Lawn CEMETERY.

Date AUG 19 1907 190 7

Undertaker H E HUGHES.

Address 17 S. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 3 Registered No. B 0 3917

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 S Eden St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Irelan Burnard Pettit

{Residence, if in Baltimore, Give Street and Number.} 407 S Eden St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE — years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Harry O Pettit.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie L Lloyd

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry O Pettit 2 7832

(Address) 407 S Eden St.

Filed Aug 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to May 18 1907

that I last saw h— alive on May 18 1907,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 16 S Broadway

Date May 18 1907

Place of Burial Alexandria Va

Date Aug 20th 1907

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 3918

C 3918

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 S Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arabella Nelson Robinson

{Residence, if in Baltimore, Give Street and Number.} 107 S Chester St

Duration of Residence in Baltimore. 46 Jears

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va "

FULL NAME OF FATHER Joel T. Walker

BIRTHPLACE OF FATHER (State or country) Va "

MAIDEN NAME OF MOTHER Mary C Robinson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C Robinson

(Address) 107 S Chester St

Filed 8/19/07 190.. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17" 1907

I HEREBY CERTIFY, That I attended deceased from June 21 1907 to Aug. 17" 1907

that I last saw her alive on aug 17 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broken leg

(DURATION) ..... DAYS

Contributory (Primary.) Shock and Septicaemia (DURATION) 28 DAYS

(Signed) Howard C. Gibson M.D.

Address 1914 Bolton St.

Date Aug. 18" 1907

Place of Burial ~~Hampden~~ Conrads Wks Va

Date Aug 20th 1907

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 3919 Registered No. B C 3919

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rudolph Bourgt

{Residence, if in Baltimore, Give Street and Number.} 2111 Brunt st

Duration of Residence in Baltimore. From year

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 17th 1873

AGE: 34 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Richmond Va.

FULL NAME OF FATHER: Jacob Bourgt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Hess

BIRTHPLACE OF MOTHER (State or country): Pennsa

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louise Hinkein

(Address) Richmond Va.

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(Surgical Aug. 15th)

(DURATION) 2 DAYS

Con'tributory (Primary.) Accidental

R.R. injuries (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address Tew Long av. (Coroner)

Date Aug. 19th 1907

Place of Burial Richmond Va

Date Aug 19 1907

Undertaker W M Routson

Address S W cor Greene & Saratoga

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19

Registered No. B C 3920

C 3920

CERTIFICATE OF DEATH.

14

(Place of Death.) No. #247 S Roland ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Susannah Griffin

{Residence, if in Baltimore, Give Street and Number.} 247 Roland ave

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	March 19 1822
AGE	85 years, 4 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Balto Co
FULL NAME OF FATHER	Samuel Weisner
BIRTHPLACE OF FATHER (State or country)	Balto Co
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Sarrah C Clark

(Address) 247 S Roland ave

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1907 to Aug 18th 1907 that I last saw her alive on Aug 14th 1907, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 12 DAYS

Contributory (Primary)

Paralysis (DURATION) 2 years DAYS

(Signed) Geo. T. Shower M.D.

Address 1421 Roland Ave

Date Aug 19th 1907

Place of Burial London Park

Date Aug 20 1907

Undertaker W. E. Chenoweth & Son

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 39921

CERTIFICATE OF DEATH.

92

(Place of Death.) No. #502 W 27th St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Casserly

{ Residence, if in Baltimore, Give Street and Number. } 502 W 27 St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Aug 15 1907

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Thomas J. Casserly

BIRTHPLACE OF FATHER (State or country): Irlin

MAIDEN NAME OF MOTHER: Elizabeth Healey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. J. Casserly

(Address) 502 W. 27 St

Filed Sept 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug. 18 1907 that I last saw h[illegible] alive on Aug. 18 1907, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

Few hrs (DURATION) DAYS

Contributory (Primary.) Bronchitis

(DURATION) 2 DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 25th St

Date Aug. 19th 1907

Place of Burial Cathedral Cemetery

Date Aug 19 1907

Undertaker Wm. E. Chenoweth & Son

Address 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

137

CERTIFICATE OF DEATH.

Registered No. CB 3922

City of Baltimore, (No. 418, Elbow Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Freeman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: ..... (Month) ..... (Day) 1880 (Year)

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Henry Freeman

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Georgiana Cullison.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Freeman

Address 418 Elbow Lane

Filed Aug 19 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 17 1907

that I last saw her alive on Aug 17 1907,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Peritonitis

2 (DURATION) 4 DAYS

Contributory Premature Labor under unsanitary conditions (DURATION) 10 DAYS

(Signed) B. L. Freund M. D.

Aug 17 1907 (Address) 1514 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: August 19 1907

UNDERTAKER: John W Henderson — ADDRESS: 317 Caroline

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 3923 Registered No. B

CERTIFICATE OF DEATH. C 3923 105

(Place of Death.) No. 109 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Madeline Herbert

{ Residence, if in Baltimore, Give Street and Number. } 109 N. Glover st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 28 1907

AGE — years, 6 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Frank J. Herbert

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Anna Jeske

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J Herbert

(Address) 109 N. Glover st

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 16 1907

that I last saw her alive on Aug 16 1907

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 7 DAYS

Con'ributory (Primary.) Enteritis

(DURATION) DAYS

(Signed) Samuel J. King M.D.

Address 4431 N Patterson Park Ave

Date Aug 18 1907

Place of Burial St Wmted Evangelical Cemetery

Date AUG 19 1907 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 3924 Registered No. B C 3924

CERTIFICATE OF DEATH.

76

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William D Klag

{Residence, if in Baltimore, Give Street and Number.} 1828 N. Dallas St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 8 1893

AGE 14 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ed Eckelt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Emma Klag

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed Eckelt

(Address) 1878 N. Dallas

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17, 1907

I HEREBY CERTIFY, That I attended deceased from August 16 1907 to August 17 1907 that I last saw him alive on August 17 1907 and that death occurred, on the date stated above, at 11.50 a. m. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

Dont know (DURATION) DAYS

Con'tributory (Primary.) Otitis Media ?

Dont know (DURATION) DAYS

(Signed) Eugene L. Pessagno M.D.

Address St Joseph's Hospital

Date August 17 1907

Place of Burial Baltimore County

Date Aug 19 1907

Undertaker Robt J Lennon

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

C 3925 Registered No. B C 3925

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 827 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Benesch.

{Residence, if in Baltimore, Give Street and Number.} 827 N. Gay St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 6 hours (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Moritz Benesch

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Kate Moravety

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moritz Benesch

(Address) 827 N. Gay St.

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Aug 18th 1907

that I last saw him alive on Aug 18th 1907 at 4:20

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. E. Brown M.D.

Address 1201 E. Eager St

Date Aug 19th 1907

Place of Burial Hebrew Friendship Cem.

Date Aug. 19 1907

Undertaker Frank Zwach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

63

CERTIFICATE OF DEATH.

C 3926

Registered No. B .....

City of Baltimore, (No. 309, Fulton ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME E. A. Kriete (KRIETE)

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Aug (Month) 17 (Day) 1907 (Year)

AGE: 58 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo. F. Kriete

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Helen Suon Henrichs

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Real Estate Agt

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Marie Kriete

(Address) 809 N. Fulton ave

Filed Aug 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 18 1906 to Aug. 17 1907

that I last saw h in alive on Aug 17 1907,

and that death occurred, on the date stated above, at 1 a m. The CAUSE OF DEATH was as follows:

Disseminated Sclerosis

Spinal Cord.

(DURATION) ..... DAYS

Contributory Pernicious Anemia

(DURATION) ..... DAYS

(Signed) E A Crain M. D.

Aug 17 1907 (Address) 201 N. Eden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug. 20 1907

UNDERTAKER: E. W. Mitchell

ADDRESS: 1201 N. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

C 3027

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 240 Lawrence St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Morgan Hill Rondall

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: May 7 (Day) 1906 (Year)

AGE: 1 years, 3 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: W D Rondall Jr

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Susie Hill

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H F Hill

(Address) 1200 Madison ave

Filed Aug 19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Aug 17th 1907

that I last saw her alive on Aug 16th 1907,

and that death occurred, on the date stated above, at 2 o'clock M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 17 DAYS

Contributory Heat & Artificial food

(DURATION) ..... DAYS

(Signed) H F Hill M. D.

Aug 17 1907 (Address) 1200 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 240 Lawrence St — How long at Place of Death? 3 Days

Where was disease contracted, if not at place of death? Harwood Co. Md.

PLACE OF BURIAL OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: Aug. 19 1907

UNDERTAKER: E. W. Mitchell

ADDRESS: 120 N. Fayette

WM. C. DULANY CO., BALTIMORE.

death occurred at 1200 Madison ave the home of grandparents.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 3928 Registered No. B C 3928

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 4 Hooper Ave. West Woodbery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Augustus Appleby

{ Residence, if in Baltimore, Give Street and Number. } 4 Hooper Ave.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 5th 1907

AGE: — years, 5 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 23 Plymouth Ave. W.Balto

FULL NAME OF FATHER: William A. Appleby

BIRTHPLACE OF FATHER (State or country): Balt. Md

MAIDEN NAME OF MOTHER: Bessie May Roe

BIRTHPLACE OF MOTHER (State or country): Balt. Co. Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William A. Appleby

(Address) 4 Hooper ave

filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Aug 18th 1907

that I last saw him alive on Aug 18th 1907,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral meningitis

(DURATION) 6 DAYS

Contributory (Primary.) Entero-colitis (DURATION) 33 DAYS

(Signed) Geo. T. Shower M.D.

Address 1421 Roland Ave.

Date Aug 19th 1907

Place of Burial St. Mary's Hampden

Date August 20th 1907

Undertaker Horace Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3929 Registered No. B C 3929

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Von Heine

{ Residence, if in Baltimore, Give Street and Number. } Bay View.

Duration of Residence in Baltimore. 48 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 26th 1829

AGE: 78 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John G. Höfferkamp

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Elizabeth Don. Orter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Holliday, Supt.

(Address) BAY VIEW [illegible]

Filed 8/19 1907

ANDREWS O. CLERK. FERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18. 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1907 to Aug 18 1907

that I last saw h-- alive on Aug 18 1907,

and that death occurred, on the date stated above, at 8.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Tuberculosis

— (DURATION) — DAYS

(Signed) Robt. P. Bay, M.D.

Address Bay View

Date Aug. 18. 1907

Place of Burial Baltimore

Date Aug 19th 1907

Undertaker C. Schlosser Sons

Address 109 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3930 Registered No. B

CERTIFICATE OF DEATH. C 3930

(Place of Death.) No. 945 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 105

Full Name Frances J. Kaiser

{Residence, if in Baltimore, Give Street and Number.} 945 N. Washington St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 19 1906

AGE: ....years, 9 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Kaiser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Bandlozer

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kaiser

(Address) 945 N. Washington

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5th 190.. to Aug 18th 1907

that I last saw h.. alive on Aug 18th 1907,

and that death occurred, on the date stated above, at 10 ..M. CAUSE OF DEATH (Secondary or Immediate)

Enteric - colitis

(DURATION) 13 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Longwood M.D.

Address 5 N. Washington St.

Date August 19 1907

Place of Burial Holy Redeemer

Date Aug. 20 190.

Undertaker Jas. J. Derr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24. C 3931 C 3931

Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 508 S Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H Barth

{Residence, if in Baltimore, Give Street and Number.} 508 S. Castle st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 10 1907

AGE ..... years, 1 months, 7 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Barth

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Carrie Cookside

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Barth

(Address) 508 S. Castle st.

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH, Aug. 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1907 to Aug 17 1907 that I last saw him alive on Aug 17 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis,

about 2 Weeks (DURATION) DAYS

Contributory (Primary.)

Cumunition (DURATION) DAYS

(Signed) Geo H Fellen M.D.

Address 1927 Gough St

Date Aug 18, 1907

Place of Burial Md. Memorial

Date Aug. 20 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 07 C 3932 Registered No. B C 3932

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas M Keough

{ Residence, if in Baltimore, Give Street and Number. } Washington Co Md.

Duration of Residence in Baltimore. 57 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 26 — 1839

AGE 68 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Texas.

FULL NAME OF FATHER Jas. Michael Keough

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno F Ryder

(Address) Md Penitentiary

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from July 8 1907 to Aug 18 1907

that I last saw h. in alive on Aug 17 1907,

and that death occurred, on the date stated above, at 10:45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Stenosis

5 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thurdun Cook Jr M.D.

Address 1608 N. Chas St

Date Aug 18 1907

Place of Burial Sacred Heart

Date August 19" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

106

3933

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1222 Mc Elderry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose Rudinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Hyman Mendler

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Eva Jackdson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Rosenberg

(Address) 1222 mc Elderry st.

Filed Aug 19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 16 1907 to Aug 18 1907

that I last saw h[illegible] alive on 8/ 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Diarrhoea

2 WEEKS (DURATION) DAYS

Contributory Exhaustion

12 WEEKS (DURATION) DAYS

(Signed) A. J. Freedom M. D.

8/18 1907 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemet — DATE OF BURIAL: Aug 19 1907

UNDERTAKER: Max Levinson — ADDRESS: 1620 mc Elderry st

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. C 3934

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1819, Park Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John J. Greer.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	Oct 18 1850
AGE	57 years, 10 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John J. Greer
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Isabella Westl?
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Iron Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rose Greer

(Address) 1819 Park Ave

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1st 1907 to August 18th 1907 that I last saw h[im] alive on August 18th 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

Intestinal Haemorrhage was immediate cause (DURATION) 17 DAYS

Contributory Mitral Insufficiency (DURATION) Years DAYS

(Signed) Thomas B Futcher M. D.

Aug 18 1907 (Address) 34 W. Franklin St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Aug 20 1907
UNDERTAKER	ADDRESS
George J Smith	1001 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

To the Health Dept—

This case had not been reported to the Health dept as there was a question of the diagnosis up to the fatal final haemorrhage. Two Widals had been negative the last one two days before death. There were other features which made the case obscure until the haemorrhage occurred.

TB Futcher

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 3935

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3935

Registered No. B .....

City of Baltimore, (No. 330 S Patterson Park Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Anna S Koons

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: Mar 30 1862 (Month) (Day) (Year)

AGE: 45 years, 4 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Burkettsville Md

FULL NAME OF FATHER: Jos Edw Garrett

BIRTHPLACE OF FATHER (State or country): Burkettsville Md

MAIDEN NAME OF MOTHER: Anna R Harrison

BIRTHPLACE OF MOTHER (State or country): Winchester Va

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H J Tuerdin

(Address) 640 N Carrollton Ave

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 18 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 17 1907

that I last saw her alive on Aug 17 1907,

and that death occurred, on the date stated above, at 5— A. M. The CAUSE OF DEATH was as follows:

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory Myocarditis

(DURATION) 2 Yrs ~~DAYS~~

(Signed) H J Tuerdin M. D.

Aug 18 1907 (Address) 640 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? 1

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 20 1907

UNDERTAKER: Geo. J. Smith & Co — ADDRESS: 1100 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

C 3936

837 Hollins St.

Registered No. B.....

City of Baltimore, (No. Florence Institute Home St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy Brewer

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Oct 30th 1906
(Month) (Day) (Year)

AGE ..... years, 9 months, 19 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER Cecelia Brewer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecelia Brewer

(Address) 837 Hollins st

Filed 8/19 190 7

HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8/14/1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11th 1907 to Aug 14th 1907 that I last saw h alive on Aug 17th 1907, and that death occurred, on the date stated above, at 4.30 a. M. The CAUSE OF DEATH was as follows:

Ileo-colitis

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) Mungo C. Kurlio M. D.

8-19th 1907 (Address) 810 Hanover st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	8/20 1907
UNDERTAKER	ADDRESS
Chas E Franck	746 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 3937 Registered No. B

CERTIFICATE OF DEATH.

C 3937
92

(Place of Death.) No. 1216 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lenora Bailey

{Residence, if in Baltimore, Give Street and Number.} 1216 Jefferson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: July 2nd 1893

AGE: 14 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Felix Bailey

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Oliver

(Address) 1216 Jefferson St

Filed 8/19 1907

HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 16 — 1907

I HEREBY CERTIFY, That I attended deceased from July 30 — 1907 to Aug 16 — 1907 that I last saw h[illegible] alive on Aug 16 — 1907, and that death occurred, on the date stated above, at 12:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Broncho Pneumonia

(DURATION) 18 DAYS

Contributory (Primary.) Exposure

(DURATION) — DAYS

(Signed) W. Stowe M.D.

Address 1324 Druid Hill Ave

Date Aug 16 — 1907

Place of Burial Asbury Cemetery

Date August 19th 1907

Undertaker Theodore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3933 Registered No. B ..... C 3933

66

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Roberts

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: colored
DATE OF BIRTH: 1	
AGE: 65 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW HOSPITAL

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18th 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 25 1907 to Aug 18 1907

that I last saw h-s alive on Aug 18 1907, 8.45

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Paralysis

(DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Aug 18. 1907

Place of Burial Mt Auburn Cemetery

Date Aug 19 1907

Undertaker Robt B Pyle

Address 102 E Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3939 Registered No. C 3939

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Harrison

{ Residence, if in Baltimore, Give Street and Number. } 1724 Presstman Street,

Duration of Residence in Baltimore. Life. 12 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 18th 1907

AGE: 12 hours ..... years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): 1724. Presstman St City

FULL NAME OF FATHER: Jesse D. Harrison

BIRTHPLACE OF FATHER (State or country): Frederick Co Md

MAIDEN NAME OF MOTHER: Marian Diseney

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 19th 1907

I HEREBY CERTIFY, That I attended deceased from Augt 18 1907 to Augt 19 1907 that I last saw her alive on Aug 18 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Failure of Heart's action

Cyanotic

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. J. Bell M.D.

Address 1321 W. Lanvale St.

Date August 19th 1907

Place of Burial Loudon Park

Date Aug 19 1907

Undertaker Harry W. Ellen

Address 1944 W Northam

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

C 3940

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 305 S Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph F. Cutajar

{Residence, if in Baltimore, Give Street and Number.} 305 S Collington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH ~~July~~ Feb 18 1907

AGE ..... years, 6 months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph F. Cutajar

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Laura Patterson

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph F Cutajar

(Address) 305 S Collington Ave

Filed Aug 19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1907 to Aug 17, 1907 that I last saw h.im alive on Aug 17, 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 1653 Columbia Ave.

Date Aug. 18, 1907.

Place of Burial Western Ave Cemetery

Date Aug - 20 1907

Undertaker Wm Tuckner & Sons

Address Carroll & Hull Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3941 Registered No. B

CERTIFICATE OF DEATH.

C 3941 151

(Place of Death.) No. 1125 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lida Fietzel

{ Residence, if in Baltimore, Give Street and Number. } 1125 Greenmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH July - 27 1903

AGE ..... years, 3 Weeks months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Henry. Fietzel

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Editha Allen

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Fietzel

(Address) 1125 Greenmount Ave

Filed Aug 19 1907 ... CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16 1907 to Aug 17 1907 that I last saw her alive on Aug 17 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) Howard E. Wooden M.D.

Address 732 E Preston

Date August 17 1907

Place of Burial Mt Olivet Cemetery

Date Aug - 19 1907

Undertaker Wm J Tickner & Son

Address Carlton Place 2A

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 3942
106

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1815 Guilford Ave, St.; 12th Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Fitzgerald Crump.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: ——— (Month) 1 (Day) — Year)

AGE: 66 years, —— months, —— days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: John Fitzgerald

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Catherine Brown

(Address) 1815 Guilford ave

Filed 8/19 1907

CITY C. [illegible] PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 22nd 1907 to Aug. 17 1907

that I last saw h-er alive on Aug. 17th 1907,

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

General Exhaustion
+ Cardiac failure

(DURATION) 5 DAYS

Contributory Some obscure gastro-intestinal disease (DURATION) — DAYS

(Signed) Gustavus Ch Johnson M. D.

Aug. 17th 1907 (Address) 1808 Guilford ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: Aug 20 1907

UNDERTAKER: Lowe Cook

ADDRESS: 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 C 3943 Registered No. B C 3943

CERTIFICATE OF DEATH.

(Place of Death.) No. 2106 S. Charles St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Sarah Virginia Burrier

{ Residence, if in Baltimore, Give Street and Number. } 2106 S Charles St.

Duration of Residence in Baltimore. 6 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 68 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Middletown Valley

FULL NAME OF FATHER Geo Minnick

BIRTHPLACE OF FATHER (State or country) Middletown Valley

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henry Burrier

(Address) 2106 S Charles St

Filed 8/19 1907

[illegible] C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17th 1907

I HEREBY CERTIFY, That I attended deceased from June 20th 1907 to August 17th 1907

that I last saw her alive on August 17 1907,

and that death occurred, on the date stated above, at 1.00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General debility, following Typhoid fever

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. H. O'Donnell M.D.

Address 1340 S Charles St

Date Aug 17th 1907

Place of Burial Cedar Hill Cem

Date Aug 20 1907

Undertaker Swinbank

Address 502 E Northern Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 3944 Registered No. B 1794

CERTIFICATE OF DEATH.

(Place of Death.) No. 1008 Bloomingdale Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Agnew Gray

{Residence, if in Baltimore, Give Street and Number.} 1008 Bloomingdale Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 6th 1903

AGE 4 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robt LeRoy Gray

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Margaret Flint,

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Infant,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt L. Gray,

(Address) 1013 Kirby Lane

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April ~~day~~ 18th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12th 1907 to Aug 17th 1907

that I last saw him alive on Aug 17th 1907,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary) Infantile atrophy (DURATION) DAYS

(Signed) A. V. Zimmerman M.D.

Address 1805 W North ave

Date Aug 19th 1907

Place of Burial London Park

Date Aug. 19 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1

Ward ..... C 3945 Registered No. B C 3945

5b

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Reed.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 16 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to Aug 16 1907

that I last saw h. alive on Aug 16 1907,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Chronic Alcoholism

..... (DURATION) ..... DAYS

Contributory (Primary.) Hemiplegia

..... (DURATION) ..... DAYS

(Signed) R R Kerr M.D.

Address Bay View Asylum

Date Aug 16 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date ..... 190....

Undertaker William H Woodes

Address 1810 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19 5

Ward ..... C 3946 Registered No. B ..... C 3946

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 540 Union St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence Wilson.

{Residence, if in Baltimore, Give Street and Number.} 540 Union St.

Duration of Residence in Baltimore. 10 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Oliver Wilson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Dorothy Ennis

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 540 Union St.

Filed 8/19" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to Aug 18 1907

that I last saw h— alive on " 18 1907

and that death occurred, on the date stated above, at 4.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions.

10 hours. (DURATION) DAYS

Con'ributory (Primary.) Marasmus.

Nine months (DURATION) DAYS

(Signed) William W Bowen M.D.

Address Md. General Hospital.

Date Aug 18 1907

Place of Burial Md. Auburn

Date August 19 — 1907

Undertaker R F Elliott

Address 502 Hogan Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 3947 V

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1300 Andre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria L. Leimbach

{Residence, if in Baltimore, Give Street and Number.} 1300 Andre st.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH February 8th 1907

AGE ... years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Charles L. Leimbach.

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maryann Longrove

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Leimbach

(Address) 1300 Andre St

Filed ... 190...

1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1907 to Aug 20th 1907

that I last saw h[illegible] alive on Aug 17th 1907,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Spasm

(DURATION) 8 DAYS

Contributory (Primary.) Prostration

(DURATION) 2 DAYS

(Signed) Chas L. Cruttenbaum M.D.

Address 918 S. Paca st.

Date Aug 18th 1907

Place of Burial Holy Cross Cem.

Date Aug 20. 1907.

Undertaker Harris and Margaret G. Fu[illegible]

Address 42 East West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 3948 Registered No. B C 3948

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1300 Andrew St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeremiah Irv. Daley

{ Residence, if in Baltimore, Give Street and Number. } 1300, Andrew st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 4th 1907

AGE ..... years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Jeremiah Daley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Ann Farrell

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jeremiah Daley

(Address) 1300 Andrew St

Filed 7/9/07 190.. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. - 19 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug - 15 1907 to Aug - 19 1907 that I last saw h im alive on Aug 18 1907, and that death occurred, on the date stated above, at 2.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

~~Gastro~~ - Enteritis

(DURATION) 1 DAYS

Contributory (Primary.) Gastro - Enteritis

(DURATION) 4 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date Aug. - 19 - 1907

Place of Burial Holy Cross Cem

Date Aug 20 th 1907

Undertaker Daniel and Margaret F. Flynn

Address 42 East - West St,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3949 Registered No. B.C 3949 V 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2104 St. Paul St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Harry Stonebraker Jr.

{Residence, if in Baltimore, Give Street and Number.} Hanover Pa

Duration of Residence in Baltimore. 4 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Jan. 26 1906

AGE: 1 years, 6 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Hanover Pa

FULL NAME OF FATHER: Harry Stonebraker

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Edith Hynson

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mrs Edith Stonebraker

(Address) Hanover Pa

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 18 1907 that I last saw h in alive on Aug 18 1907 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. F. McCormick M.D.

Address 1421 Eutaw Place

Date Aug. 19 1907 190

Place of Burial London Park Cemetery

Date aug. 20 190 9

Undertaker Stewart & Bowen Co.

Address 213 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3950 Registered No. B C 3950

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Rebecca Goldberg

{ Residence, if in Baltimore, Give Street and Number. } 265 N. Exeter st

Duration of Residence in Baltimore. 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 59 years, ——— months, ——— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Michael Goldberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Becka Mandel

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sol Goldberg

(Address) 136 N. Eden St

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18 1907 to Aug 19 1907

that I last saw her alive on Aug 19 1907, and that death occurred, on the date stated above, at 8.25 a.m.

CAUSE OF DEATH (Secondary or Immediate)

Shock.

(DURATION) 1 DAYS

Contributory (Primary.) Fracture of

Femur & Bodies (DURATION) 2 DAYS

(Signed) Chas Bagley, M.D.

Address Hebrew Hospital

Date Aug. 20 1907

Place of Burial Woodlawn (Cemetery)

Date Aug 20 1907

Undertaker Wm. Levinson

Address 1620 Mc Elderry st

Grave Jewish Cem.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3951 Registered No. B .....

CERTIFICATE OF DEATH. C 3951

(Place of Death.) No. 621 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas G. Brown

{Residence, if in Baltimore, Give Street and Number.} 621 S. Luzerne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 12, 1886

AGE 20 years, 8 months, 4 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Brown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary T. Calegan

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Brooks

(Address) 621 S Luzerne St

Filed 8/19 1907 Registrar

BARNEY C. ANDREWS, HARMIT CLARK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 16, 1907

I HEREBY CERTIFY, That I attended deceased from July 22, 1907 to August 16 1907: that I last saw h[illegible] alive on Aug 15 1907, and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(Aortic Regurgitation

Direct History) (DURATION) 35 DAYS

Contributory (Primary.)

" " (DURATION) " DAYS

(Signed) H. L. Reikard M.D.

Address 910 S Canton St

Date Aug 17, 1907

Place of Burial Cathedral Cem.

Date Aug 20 1907

Undertaker H Standel Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3952 Registered No. B C 3952

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1238 Conroe Street St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Herman H. Neumann

{ Residence, if in Baltimore, Give Street and Number. } 1238 Conroe Street

Duration of Residence in Baltimore. life -

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White.
DATE OF BIRTH	Feb 17 1907.
AGE	..... years, 6 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Joseph. Neumann.
BIRTHPLACE OF FATHER (State or country)	Gemany.
MAIDEN NAME OF MOTHER	Matilda Neumann.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph. Neumann

(Address) 1238 Carroll St

Filed 8/19 1907

HARRY O'T ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 16 1907

that I last saw h- alive on Aug 16 1907

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea.

5 - 6 (DURATION) DAYS

Contributory (Primary.) Diarrhoea (DURATION) DAYS

(Signed) Gwinnobee M.D.

Address 1903 W. Baltimore St

Date Aug 19 - 1907

Place of Burial St Paul's German Luth

Date Aug 19 1907

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 3953 Registered No. B C 3952

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 540 E 23d St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel J. Barnes

{ Residence, if in Baltimore, Give Street and Number. } 540 E. 23d st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 2d 1

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Barnes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Phelps

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Andrews

(Address) 540 E. 23d st

Filed 8/19" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8/18/1907

I HEREBY CERTIFY, That I attended deceased from 5/1/1907 to 8/18/1907 that I last saw him alive on 8/17 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis and Senile Dementia

Several years (DURATION) ... DAYS

Contributory (Primary)

Syncope (DURATION) 7 DAYS

(Signed) H. S. Gorsuch M.D.

Address 501 E. 22nd St.

Date 8/18/1907

Place of Burial Baltimore. Cem.

Date AUG 20 1907 1907

Undertaker ALBERT E. FULLER.

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 3954 Registered No. B C 3954

CERTIFICATE OF DEATH. 92

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Dillon

{ Residence, if in Baltimore, Give Street and Number. } 1502 Hollins St

Duration of Residence in Baltimore... Four years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 14 1903

AGE 4 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Dillon

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary H. Fitzpatrick

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary H Dillon

(Address) 1118 Columbia Ave

Filed 8/19 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 19 1907 that I last saw him alive on Aug 19 1907 and that death occurred, on the date stated above, at 12 30 9 M. CAUSE OF DEATH (Secondary or Immediate.)

General Sepsis

(DURATION) 30 DAYS

Contributory (Primary.) Bronchopneumonia

Two months (DURATION) DAYS

(Signed) E. O'Roberts M.D.

Address University Hosp.

Date Aug 19th 1907

Place of Burial St Peters

Date Aug 21 1907

Undertaker J. B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Remove to 1118 Columbia Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 C 3955 Registered No. B C 3955

CERTIFICATE OF DEATH.

V 108

(Place of Death.) No. 1409 Clarkson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George R. Purdy

{ Residence, if in Baltimore, Give Street and Number. } 1409 Clarkson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb 12 1854
AGE	53 years, 6 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John H Purdy
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Jane Hess
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. G. Purdy

(Address) 1409 Clarkson St.

Filed 8/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 17 1907 that I last saw h— alive on Aug 16 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 7 DAYS

Contributory (Primary.) Acute Intestinal obstruction (DURATION) 10 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Aug 17 1907

Place of Burial Western

Date Aug 20 1907

Undertaker Jos B Cook

Address 1003 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 19 C 3956 Registered No. B [illegible] 19

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Smith.

{Residence, if in Baltimore, Give Street and Number.} 919 S. Charles St.

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 24 1878

AGE 29 years, 4 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henery W Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary L Hands

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henery W Smith

(Address) 919 S Charles

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Aug 18 1907 that I last saw her alive on Aug 18 1907, and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Aortic & Mitral Regurg

Licenses, Dilated heart, (DURATION) Dyspnoea DAYS

(Signed) R. W. Crawford M.D.

Address University Hospital

Date Aug 19 1907.

Place of Burial Baltimore Cem

Date Aug 21 1907

Undertaker Jas B. Cook

Address 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

Remove to 919 S Charles St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward C 3957 Registered No. B C 3957

CERTIFICATE OF DEATH.

27 C

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Schlott

{Residence, if in Baltimore, Give Street and Number.} Jail.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 1862

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: H. J. Schlott

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ann Dorer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/19 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 18 1907 that I last saw h in alive on Aug 18 1907; and that death occurred, on the date stated above, at 5-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) Tuberculosis ?

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View Hospital

Date Aug 19th 1907

Place of Burial Baltimore

Date Aug 20 1907

Undertaker Robt J Turner

Address 447 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 3958 ✓ 104

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1009 N. Mount St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Henry Silvernight

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1840 (Year)

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm H. Silvernight

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Elizabeth Graham

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Durnall

(Address) 1007 N. Mount St.

Filed 8/19 190 7

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1907 to Aug 17 1907 that I last saw h in alive on Aug 17 1907, and that death occurred, on the date stated above, at 11.45 P. M. The CAUSE OF DEATH was as follows:

Gastritis

(DURATION) 7 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Mrs. A. Durnall M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Aug 21 1907

UNDERTAKER: Jno. H. Little — ADDRESS: 52 N. Eutaw St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C 3959

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 831 Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alex Szczeszek

{ Residence, if in Baltimore, Give Street and Number. } 831 Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 4 months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Martin Szczeszek.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Durinski.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Szczeszek.

(Address) 831 S. Bond St

Filed 8/19 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 19 1907 that I last saw h-- alive on Aug 19 1907, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 165 Broadway

Date Aug 19 1907

Place of Burial St Stanislaus.

Date August 20" 1907

Undertaker M. F. Dadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3960 Registered No. B 122

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital Baltimore Md. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jennie Eaton

{ Residence, if in Baltimore, Give Street and Number. } 2811 Hudson st.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Apl. 24th 1860

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER Henry Jaeobs

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Maria Strashaugh

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos E Eaton

(Address) 2811 Hudson st.

Filed 8/16 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 17 1907

that I last saw h alive on Aug 17 1907

and that death occurred, on the date stated above, at 6 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Renal Calculus

Pyo-nephrosis

(DURATION) ..... DAYS

Contributory (Primary.) Intestinal Hemorrhage

(DURATION) ..... DAYS

(Signed) Walter D Stone M.D.

Address City Hospital

Date August 17 1907

Place of Burial Oakland Cem

Date Aug. 20 th 1907

Undertaker John A Myers

Address 1760 Bank st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3961

City of Baltimore, (No. Church Home & Infirmary N. 11th Broadway Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clyde Elliott

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: January (Month) (Day) 1884 (Year)

AGE: 23 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: A Elliott

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Con conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Aug 20 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to August 18 1907

that I last saw him alive on August 18 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Hemorraghes.

(DURATION) 6 DAYS

Contributory to typhoid fever (?)

(DURATION) 17 DAYS

(Signed) A Mayer M. D.

(Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1301 Myrtle ave. How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 20th 1907

UNDERTAKER: M. Haley & Sons — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

24

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 ✓

CERTIFICATE OF DEATH.

Registered No. BC 3962

City of Baltimore, (No. 1722 Johnson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernadine Streib

PERSONAL AND STATISTICAL PARTICULARS

SEX: femal

COLOR: White

DATE OF BIRTH: dec (Month) 15 (Day) 1906 (Year)

AGE: — years, 8 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 1722 Johnson st

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: Emma Streib

BIRTHPLACE OF MOTHER (State or country): Baltic Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Burke

(Address) 1204 W Baltic st

Filed: Aug 20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from aug 15 1907 to aug 19 1907 that I last saw h[illegible] alive on aug 19 1907, and that death occurred, on the date stated above, at 2 8 M. The CAUSE OF DEATH was as follows:

Cholera Infantum (DURATION) 4 DAYS

Contributory " " " (DURATION) 4 DAYS

(Signed) E. C. Peterson M. D.

Aug 19 1907 (Address) 1113 Eden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltic em

DATE OF BURIAL: 8-20 1907

UNDERTAKER: Robt Burke Co

ADDRESS: 175 Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 3963 Registered No. B C 3963

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 902 White's al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo Brooks

{Residence, if in Baltimore, Give Street and Number.} 902 White's al

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Blk
DATE OF BIRTH	Unknown 1
AGE 56 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Perry Brooks
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Anne Milburn
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Labr.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elijah Brooks

(Address) 902 White al

Filed 8/20 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Aug 17 1907 that I last saw h-- alive on Aug 16 1907 and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

1 Bronchs - Pneumonia

(DURATION) 31 DAYS

Con'tributory (Primary.) Acute Lobar

2 Pneumonia (DURATION) DAYS

(Signed) T L Woodward M.D.

Address 939 N Fayette St

Date Aug 19 1907

Place of Burial U. S. National

Date August 20. 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 23 C 3964 Registered No. B C 3964

CERTIFICATE OF DEATH.

(Place of Death.) No. 1607 Race St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Rubsoff

{Residence, if in Baltimore, Give Street and Number.} 1607 Race St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Nov 6" 1907

AGE — years, 9 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Fred. Rubsoff

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lena Lewinski

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Rubsoff

(Address) 1607 Race St

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16 1907 to Aug 19 1907

that I last saw h— alive on Aug 19 1907,

and that death occurred, on the date stated above, at 11-50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 7 hours

Contributory (Primary.) Cholera Infantum (DURATION) 4 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Henry St

Date Aug 19 1907

Place of Burial Holy Cross (Md)

Date Aug. 20th 1907

Undertaker E. E. Hasle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3965

City of Baltimore, (No. #917 Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Marie Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 20 (Day) 1906 (Year)

AGE: 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Frank Morris

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Louisa Morgan

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Morris

(Address) 917 Hanover St.

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 19 1907

that I last saw h[illegible] alive on Aug 18 1907,

and that death occurred, on the date stated above, at 9.40 A. M. The CAUSE OF DEATH was as follows:

Tuberculous Meningitis

about 8 weeks (DURATION) DAYS

Contributory Paralysis

(DURATION) 1 DAYS

(Signed) John S. Rich M. D.

Aug 19 1907 (Address) 803 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Aug. 20th 1907
UNDERTAKER	ADDRESS
E Hasle	113 E West St

WM. J. C. DULANY CO., BALTIMORE.

Ward 14 C 3966 Registered No. B C 3966

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1536 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Meekel

{Residence, if in Baltimore, Give Street and Number.} 1536 Riverside

Duration of Residence in Baltimore. 64 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Dec 14 1827

AGE 79 years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mr Conrad Meekel

(Address) 1536 Riverside

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from 8/14 1907 to 8/18 1907 that I last saw h sr alive on 8/18 1907, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) — DAYS

(Signed) L J Turlington M.D.

Address 1 E Fort Ave

Date 8/19 1907

Place of Burial Holy Cross Cem

Date Aug. 21 1907

Undertaker E. Hearle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 3967 Registered No. B C 3967

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 N. Luzerne St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William L. Smith

{Residence, if in Baltimore, Give Street and Number.} 131 N. Luzerne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 21 1906

AGE: ..... years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Smith

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Ida V. Anstine

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Smith

(Address) 131 N. Luzerne St.

Filed 8/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 18 1907

that I last saw h[illegible] alive on " " 1907

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastroenteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date Aug 19 1907

Place of Burial Oak Lawn Cemetery

Date August 20 1907

Undertaker Wm. C. Black

Address 22 N. Luzerne St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — Registered No. B C 3968

C 3968

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1739 N Bradford St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Elmer Blight.

{Residence, if in Baltimore, Give Street and Number.} 1739 N Bradford St.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: April 24 1907	
AGE: ..... years, 3 months, 26 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Howard N. Blight	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Cora. Hiltz	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Howard Blight

(Address) 1739 Bradford st

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 19 1907 that I last saw him alive on Aug 18 1907, and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum.

(DURATION) 8 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) B. P. Herzog. M.D.

Address 1601 N. Patterson Pk Ave

Date August 19 1907.

Place of Burial Baltimore Cemetery

Date Aug 20 1907

Undertaker Geo J Worrell

Address 1442 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3969

City of Baltimore, (No. 1314 Paint alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Giles Green.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... (Month) 8 (Day) 1907 (Year)

AGE ..... years, 2 months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Brandt Green

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Alice Green

BIRTHPLACE OF MOTHER (State or country) Annapolis Md.

OCCUPATION OF DECEASED ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew. M. Green Father

(Address) 1314 Paint

Filed 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1907 to Aug. 19 1907 that I last saw h.. in alive on Aug. 18 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Intussusception

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. Thomas Nelson M. D.

Aug 20 1907 (Address) 1300 N. Stricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ~

PLACE OF BURIAL OR REMOVAL Mt. Olivet Cem. | DATE OF BURIAL Aug 20 1907

UNDERTAKER Saml. M. Chase & Son | ADDRESS 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 3970

City of Baltimore, (No. 228 Morling ave St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie M Heubeck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 24 1 (Month) (Day) (Year)

AGE: 23 years, 5 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Meyer

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Theresa Brightzell

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry D. Heubeck

(Address) 228 Morling Ave

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to Aug 18 1907 that I last saw h[illegible] alive on Aug 18 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

3 Months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) D Smith M. D.

Aug 19 1907 (Address) 206 3rd Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Mary's-Hampden — DATE OF BURIAL: Aug 20 1907

UNDERTAKER: Horace Burgee — ADDRESS: 363 Falls Rd

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

2

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 3971

City of Baltimore, (No. 123, E Ostend St., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes Haney.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: Aug 5th 1906 (Month) (Day) (Year)

AGE: 1 years, ... months, 14 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Harry Haney.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary E. Kelly.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Haney

(Address) 123 E Ostend St

Filed 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: AUG 19 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 19 1907

that I last saw h.r alive on Aug 19 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 3 DAYS

Contributory General Exhaustion

(DURATION) 2 DAYS

(Signed) J Wesley Dale M. D.

AUG 19 1907 (Address) 735 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 21 1907

UNDERTAKER: Jos. Stuntebeck — ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — C 3972 — Registered No. B C 3972

CERTIFICATE OF DEATH.

1514

(Place of Death.) No. 1223 Scott St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of
Full Name Charles & Mary Duckett

{Residence, if in Baltimore, Give Street and Number.} 1223 Scott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Aug 19 — 1907

AGE: — years, — months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Duckett

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Alsner

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Alsner

(Address) 1223 Scott St.

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 19 1907 that I last saw h— alive on Aug 19 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Bronchial

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Dulaney M.D.

Address 517 Lanvale St

Date Aug 19 1907

Place of Burial Holy Cross R.C.

Date Aug 20 1907

Undertaker Jos Shumate & Co

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 3973 Registered No. B C 3973

CERTIFICATE OF DEATH.

(Place of Death.) No. 2020 Harlem ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emma Walker

{Residence, if in Baltimore, Give Street and Number.} 2020 Harlem ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH July 17th 1899

AGE 28 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co, Md

FULL NAME OF FATHER Littleton Walker

BIRTHPLACE OF FATHER (State or country) Balto Co, Md

MAIDEN NAME OF MOTHER Mollie Collison

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie E Walker

(Address) 2020 Harlem Ave

Filed 8/20 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1905 to Aug 19 1907 that I last saw h[er] alive on Aug 18 1907, and that death occurred, on the date stated above, at 12-20 M. CAUSE OF DEATH (Secondary or immediate)

Pulmonary Consumption

Two years (DURATION) DAYS

Contributory (Primary) Nov 22 1905 to Aug 19 1907 (DURATION) DAYS

(Signed) J. Zachary Dayton M.D.

Address 545 N. Carey

Date Aug. 19th 1907

Place of Burial Lauderdale

Date Aug 21 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 3974 Registered No. B C 3974

CERTIFICATE OF DEATH.

(Place of Death.) No. 862 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George W. White

{Residence, if in Baltimore, Give Street and Number.} 862 Columbia ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1 1834

AGE 74 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William White

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Margret Fordney

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Furniture

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice A. Myers

(Address) 862 Colmbia Ave.

Filed 8/20 1907 HARRY G. ANDREWS PERFECT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 18 1907

that I last saw him alive on Aug 18 1907

and that death occurred, on the date stated above, at 1.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Larynx ?

Exhaustion (DURATION) 2 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Jos E. Muse M.D.

Address 855 Columbia ave

Date Aug 19 1907

Place of Burial Mt Olivet

Date Aug 20 1907

Undertaker Woodcock

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 3975 Registered No. B C 3975

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 N Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert H. Shook

{Residence, if in Baltimore, Give Street and Number.} 223 N Gilmor St

Duration of Residence in Baltimore. 68 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR White

DATE OF BIRTH 1

AGE 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Norfolk Va

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Shook

(Address) 223 N. Gilmor St

Filed 8/20 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19, 1907

I HEREBY CERTIFY, That I attended deceased from August 12 1907 to Aug. 19 1907 that I last saw him alive on Aug. 18 1907, and that death occurred, on the date stated above, at 1250 a m. CAUSE OF DEATH (Secondary or Immediate)

Drowning

(DURATION) 7 DAYS

Contributory (Primary.) old age

(DURATION) DAYS

(Signed) J. [illegible] M.D.

Address 327 W Fayette St

Date Aug. 19. 1907

Place of Burial Loudon Park

Date Aug 21 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 3976

Registered No. B C 3976 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 E. 26th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clyde F. Hopkins

{Residence, if in Baltimore, Give Street and Number.} 418 E. 26th St

Duration of Residence in Baltimore Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Colored

DATE OF BIRTH: June 2 1907

AGE: ..... years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo F. Hopkins

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Daisy Merkel

BIRTHPLACE OF MOTHER (State or country): Harve De Grace Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo F. Hopkins

(Address) 418 E. 26th St.

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 19 1907 that I last saw her alive on Aug 19 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia Producing collapse of all vital centers.

(DURATION) 4 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 5 DAYS

(Signed) Houghton Baxley M.D.

Address Guilford Ave & 2nd

Date Aug. 20 1907

Place of Burial Harve De Grace Md

Date Aug 20 1907

Undertaker Lumbrook

Address 502 E Hartman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3977 Registered No. B C 3925 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Charlotte Le Bon.

{ Residence, if in Baltimore, Give Street and Number. } 1410 Carroll St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	February 14 1901
AGE	6 years, 6 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	James L. Le Bon
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Mary Boyer
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L. Le Bon

(Address) 1410 Carroll St—

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1907 to Aug 18 1907 that I last saw her alive on Aug 18 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 6 DAYS

Contributory (Primary.) Cardiac Exhaustion

(DURATION) 1 DAYS

(Signed) J. Morley Hoag M.D.

Address 1721 Columbia Ave.

Date Aug 19 1907

Place of Burial St Peters Cem

Date August 20 1907

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St—

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 3978 Registered No. B C. 3978

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Ward St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Steven S. Mills

{ Residence, if in Baltimore, Give Street and Number. } 1414 Ward St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Thomas Mills

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Lane

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel E. Mills

(Address) 1412 Ward St

Filed 8/20 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 16 1907

that I last saw him alive on Aug 15 1907,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 12 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 12 DAYS

(Signed) A. L. Nuckols M.D.

Address 504 S. Paca St

Date Aug. 20 1907

Place of Burial Snow Hill, Worcester Co. Md.

Date August 20 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 3979 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2222 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fannie Jackson.

{Residence, if in Baltimore, Give Street and Number.} 2222 Druid Hill Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or couutry): Baltimore, Md.

FULL NAME OF FATHER: Richard Ford

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

MAIDEN NAME OF MOTHER: Josephine Parker

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md.

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) per A. H. Flint. Mrs Josephine Ford

(Address) 2222 Druid Hill Ave.

Filed 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to Aug 17 1907

that I last saw her alive on Aug 17 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate).

Exhaustion

(DURATION) DAYS

Contributory (Primary) Acute Miliary tuberculosis autumnal.

(DURATION) DAYS

(Signed) Edw. J. Fitzgerald M.D.

Address 1118 Druid Hill Ave.

Date Aug 17 1907.

Place of Burial Mt. Zion Cemetery

Date August 20 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 3980
105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3980

City of Baltimore, (No. 239, Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Wht
DATE OF BIRTH	July (Month) 29th (Day) 1907 (Year)
AGE	~ years, ~ months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto city
FULL NAME OF FATHER	Joseph C Murphy
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Kate Burns
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph C Murphy

(Address) 239 Dolphin st

Filed 8/20 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augt (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Augt 17 1907 to Augt 18 1907 that I last saw him alive on Augt 18 1907, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

(DURATION) 3 DAYS

Contributory Cholera Infantum

(DURATION) — DAYS

(Signed) Wm Duleany Thomas M. D.

Augt 20 1907 (Address) 633 Carrollton ave

"SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Aug 20th 1907
UNDERTAKER	ADDRESS
C A F Pfeltz	1711 Mc Henry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward ..... C 3981 Registered No. B C 3981

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Pitzelberger.

{Residence, if in Baltimore, Give Street and Number.} 2315 Canton ave. Balto = Md.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 26 1904

AGE: 2 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Pitzelberger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina Boehner

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Pitzelberger

(Address) 2315 Canton Ave

Filed 8/20 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1907 to Aug 19th 1907 that I last saw him alive on Aug 19th 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Post operative shock

(DURATION) DAYS

Contributory (Primary.) General Sarcomatosis

(DURATION) DAYS

(Signed) Harry Lo. Hower, M.D.

Address Johns Hopkins Hospital.

Date Aug. 19 1907

Place of Burial Laurel Cemetery

Date Aug 22 1907

Undertaker J. J. Sauter & Sons

Address 1716 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 3982 Registered No. B 24

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 N Broadway — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Schmidt —

{ Residence, if in Baltimore, Give Street and Number. } 618 N Broadway —

Duration of Residence in Baltimore. 12 yrs —

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 3rd 1877
AGE	30 years, 4 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Austria
FULL NAME OF FATHER	John Brauer
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Katherina Fischer
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Schmidt

(Address) 618 S. Broadway.

1907 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 18 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 12 — 1907 to Aug 18 — 1907 — that I last saw h — alive on Aug 17 — 1907 — and that death occurred, on the date stated above, at 6 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intus Tuberculosis —

about 1 yr — (DURATION) — DAYS

Contributory (Primary.) Exhaustion —

(DURATION) DAYS

(Signed) Jno R Brauer M.D.

Address 1713 Bank St

Date Aug 19th 07 1907

Place of Burial Mt Erin Cem

Date Aug 20 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto Sts and 1708-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 3983 Registered No. B C 3983 1/53

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 S Bethel St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Perry A. Bailey

{Residence, if in Baltimore, Give Street and Number.} 316 S. Bethel st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH 1844

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Samuel Bailey

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sophia Cooper

BIRTHPLACE OF MOTHER (State or country) md.

OCCUPATION OF DECEASED Ship Corker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore White

(Address) 1702 Gough.

Filed 8/20" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19th 1907

I HEREBY CERTIFY, That I attended deceased from April 29 1907 to Aug 19 1907

that I last saw him alive on Aug 18 1907.

and that death occurred, on the date stated above, at 4.30 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Gastric Ulcer

4 months (DURATION) DAYS

(Signed) Jacob L. Dorsey M.D.

Address 1735 Bank

Date Aug 19th 1907

Place of Burial Laurel Cemetery

Date Aug 21 1907

Undertaker Theadore White

Address 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 3984 Registered No. B C 3984

66

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Wilson

{Residence, if in Baltimore, Give Street and Number.} 512 N Spring St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: Col.

DATE OF BIRTH: —

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Labourer,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar Holland

(Address) BAY VIEW ASYLUM

Filed 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 1 1907 to Aug 18 1907

that I last saw him alive on Aug 18 1907

and that death occurred, on the date stated above, at 2 40 P.M. CAUSE OF DEATH (Secondary or Immediate)

debility

(DURATION) DAYS

Contributory (Primary.) Paralysis

— (DURATION) DAYS

(Signed) Robt. C. Bay, M.D.

Address Bay View Hospital

Date Aug 18 1907

Place of Burial Laurel

Date August 20th 1907

Undertaker R. A. Leavitt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 3985 Registered No. B C 3985

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 N Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. Diehlman

{ Residence, if in Baltimore, Give Street and Number. } 214 N. Arlington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 8/16 1907

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Fred Diehlman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Irelan d

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Diehlman

(Address) 214 N Arlington ave

Filed 8/20 1907 HARRY G. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16 1907 to Aug 18 1907 that I last saw him alive on Aug 18 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congest. Deformity

(DURATION) 3 DAYS

Contributory (Primary.) Unknown (DURATION) — DAYS

(Signed) F. M. Thomas M.D.

Address 917 N. Carrollton Ave

Date Aug 19 1907

Place of Burial Salem Lutheran Edmondson Ave

Date 8/20 1907

Undertaker Wm J Schulein

Address 9 S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 3986 Registered No. B C 3986

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1004 Wilcox St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Davey

{ Residence, if in Baltimore, Give Street and Number. } 1004 Wilcox

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 6 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Patrick Davey	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Mary Callahan	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Davey

(Address) 1004 Wilcox St.

Filed 8/20 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 18 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 9 ... M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Sudden

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fred Lemmon M.D.

Address Coroner

Date Aug 19-07 190...

Place of Burial New Cathedral Cemetery

Date Aug 20 190 3

Undertaker Henry Stocks & Son

Address 1201 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 3981

CERTIFICATE OF DEATH.

27 v

(Place of Death.) No. 2121 Bank St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Marie S. Black

{Residence, if in Baltimore, Give Street and Number.} 2121 Bank St.

Duration of Residence in Baltimore. Life

C3981

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 20th 1890

AGE: 16 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael Black

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margt. Walsh

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archibald Black

(Address) 2121 Bank

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 17 1907

I HEREBY CERTIFY, That I attended deceased from July 19 1907 to Aug 17 1907

that I last saw h.. alive on Aug 17 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmon Tuberc

(DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) G. B. Coales M.D.

Address 143 N Bmore

Date Aug 19 1907

Place of Burial Loudon Park

Date Aug. 21st 1907

Undertaker J. A. Logan

Address Bank St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 3988 Registered No. B C 3988

CERTIFICATE OF DEATH.

118

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Alexander

{ Residence, if in Baltimore, Give Street and Number. } 2104 Boston St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1896

AGE: 11 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Alexander

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Hannah Hartzog

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Alexander

(Address) 1104 Bolton

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 19 1907

that I last saw him alive on Aug 19 1907

and that death occurred, on the date stated above, at 2.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) ..... DAYS

Contributory (Primary.) Appendicitis (acute)

(DURATION) ..... DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date August 19 1907

Place of Burial Old Westminster Cemetery

Date AUG 21 1907 190

Undertaker Grimes & Co

Address 1704 N Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 3989

Registered No. B .....

City of Baltimore, (No. 1007 Granby St St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willie ~~Wolf~~ Shapiro

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: August (Month) 2 (Day) 1906 (Year)	
AGE: 1 years, ... months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: Israel Shapiro	
BIRTHPLACE OF FATHER (State or country): Russia	
MAIDEN NAME OF MOTHER: Celia Fine	
BIRTHPLACE OF MOTHER (State or country): Russia	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I Freilachoff

(Address) 117 S. Exeter St.

Filed 8/20 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1907 to Aug 20th 1907 that I last saw h[im] alive on Aug 19th 1907, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 6 weeks DAYS

Contributory Hemorrhage Intestines

(DURATION) 4 DAYS

(Signed) A. F. Rice M. D.

Aug 20th 1907 (Address) 213 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rose Dale Cemetry	Aug 21, 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 — Registered No. B 3956 — 1207

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Baldwin.

{ Residence, if in Baltimore, Give Street and Number. } Woodlawn Hall, Forrest Park.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct. 1875

AGE: 31 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Thos P. Baldwin

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Fannie M. Woodie

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rm. Chappell

(Address) 1413 McCulloh St.

Filed 8/20 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 20 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to aug 20 1907 that I last saw h— alive on aug 20 1907, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

A. Interstitial Nephritis

(DURATION) ..... DAYS

Contributory (Primary.) Organic Heart Disease

(DURATION) ..... DAYS

(Signed) Denis R. Palmer M.D.

Address 1024 Madison Ave.

Date August 20, 1907

Place of Burial Mt Olivet Cemetery

Date aug. 21 — , 1907

Undertaker E. W. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 C 3991 Registered No. B C 3991 662

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Deanna Walker~~ 642 Hanover Street (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) St.

Full Name Dianna Wallace.

{Residence, if in Baltimore, Give Street and Number.} 642 Hanover Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 49 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Cal. Co. Md	
FULL NAME OF FATHER: Lin Spriggs	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mary Johnson	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: ———	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estelle Wallace

(Address) 642 Hanover St.

Filed 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 19 1907

that I last saw h[illegible] alive on Aug 18 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 18 DAYS

Con'ributory (Primary.) Apoplexy

(DURATION) 18 DAYS

(Signed) R. H. Fowler M.D.

Address 712 S. Broadway

Date Aug 19th 1907

Place of Burial Governor's Run Laurel Md

Date August 20 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 3992

C 3992

CERTIFICATE OF DEATH.

(Place of Death.) No. 913 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johana Tesar

{ Residence, if in Baltimore, Give Street and Number. } 913 N. Durham St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 2 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Vaclav Tesar

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Magdalena Pojer

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Tesar

(Address) 913 N. Durham.

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 19 1907

that I last saw her alive on 19 Aug 1907,

and that death occurred, on the date stated above, at 8.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

and Dentition

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas J. Simms M.D.

Address 1025 N Fremont

Date August 20 1907

Place of Burial Holy Redeemer

Date Aug. 21 1907

Undertaker Girard Quach

Address 1947 Eastlake

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 3993

C 3993

166

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Breska

{ Residence, if in Baltimore, Give Street and Number. } 730 N. Gallington Ave

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Joseph Breska

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Skaba

(Address) 927 N Eutaw St

Filed 8/20 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1125

M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy caused (acc)

(DURATION) ..... DAYS

Contributory (Primary.) Accidentally caught in death-trap (DURATION) ..... DAYS

(Signed) Jos Lamulen M.D.

Address Corner Mad

Date Aug 20 1907

Place of Burial Oak Hill

Date Aug 21 1907

Undertaker Frank Broche

Address 1914 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 3994 Registered No. B C 3994

CERTIFICATE OF DEATH.

(Place of Death.) No. 731 Sarah Ann St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robt. Robinson

{Residence, if in Baltimore, Give Street and Number.} 731 Sarah Ann

Duration of Residence in Baltimore. 47 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Bek

DATE OF BIRTH Unknown 1

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Dan. Robinson

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Oyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia White

(Address) 1045 N Luzerne St

Filed 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 17 1907

that I last saw h— alive on Aug 17 1907

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

3 mos (DURATION) DAYS

Contributory (Primary.) Asthenia

1 mo (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 739 W Fayette St

Date Aug 17 1907

Place of Burial Mt Auburn Cemetery

Date Aug 20 1907

Undertaker E R McGuliat

Address

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 3995 Registered No. B C 3995

CERTIFICATE OF DEATH.

37 V.

(Place of Death.) No. 830 Pierce St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Saddie B Hutchins

{ Residence, if in Baltimore, Give Street and Number. } 830 Pierce St.

Duration of Residence in Baltimore. 28 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Hutchins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Marie Bowser

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Bowser

(Address) 830 Pierce St

Filed 8/20 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 18 1907 that I last saw h-r alive on Aug 18 1907, and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. E. Beach M.D.

Address 817 N. Fayette St

Date Aug 19 1907

Place of Burial Laurel Cemetery

Date Aug 21. 1907

Undertaker R. K. Saltiat

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3996

City of Baltimore, (No. 1838, W. Pratt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine M. Reith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blue

DATE OF BIRTH: July (Month) 17 (Day) 1907 (Year)

AGE: ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles Reith

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Elizabeth Schlemmer

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Reith

(Address) 1838 W. Pratt St.

Filed 8/20/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~July~~ Aug (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 19 1907 that I last saw h Alive on Aug 17 1907, and that death occurred, on the date stated above, at 12 a. m. The CAUSE OF DEATH was as follows:

Intussusception

(DURATION) 21 DAYS

Contributory Cardiac Collapse

(DURATION) 3 DAYS

(Signed) Howard Lalee M. D.

8/19 1907 (Address) 927 W Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 21 1907

UNDERTAKER: C. W. Dill — ADDRESS: 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 3997

City of Baltimore, (No. 2133 E Pratt St., Ward)
[If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susannah Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ... (Month) ... (Day) 1844 (Year)

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Bowling

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susannah Brooks

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bond

(Address) 2033 E Pratt St

Filed 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 18, 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1907 to Aug. 17 1907

that I last saw her alive on Aug 17 1907,

and that death occurred, on the date stated above, at 9 A. M., The CAUSE OF DEATH was as follows:

Ulceration gastritis, causing perforation vomiting

(DURATION) 10 DAYS

Contributory Nephritis causing Criminal infection (DURATION) 10 DAYS

(Signed) G. G. Frank M. D.

Aug 19 1907 (Address) 2060 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral | DATE OF BURIAL: Aug 1907

UNDERTAKER: Mahoney & Sons | ADDRESS: 1062 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 3998 Registered No. B C 3998

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2015 N. Pulaski St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wm H Fowler

{Residence, if in Baltimore, Give Street and Number.} 2015 N. Pulaski St 17 yrs.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR Wh
DATE OF BIRTH Oct 5 1837	
AGE 70 years, 10 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Westminster Md
FULL NAME OF FATHER	Henry Fowler
BIRTHPLACE OF FATHER (State or country)	Westminster Md
MAIDEN NAME OF MOTHER	Mary Fleming
BIRTHPLACE OF MOTHER (State or country)	Westminster
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Fowler.

(Address) 2015 N. Pulaski St

Filed 8/20 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 19th 1907

I HEREBY CERTIFY, That I attended deceased from ~~Aug~~ July 25 1907 to aug 19 1907

that I last saw h[e] alive on aug 19 1907,

and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Senility

Several wks (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 wks DAYS

(Signed) Edw C Burkert M.D.

Address 1927 Edmondson Ave

Date 190

Place of Burial Westminster Md

Date August 22 1907

Undertaker Mrs Andrew Rohde Sons

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

Registered No. B C 3999 1/

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Price

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Blk
DATE OF BIRTH: July 31 1907	
AGE: — years, — months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: //	
BIRTHPLACE OF FATHER (State or country): //	
MAIDEN NAME OF MOTHER: //	
BIRTHPLACE OF MOTHER (State or country): //	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed Aug 21st 1907

HARRY ST ANDREWS, PERMIT CLERK. Registrar

C.S.H.O.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 9 1907 to Aug. 20 1907 that I last saw h[im] alive on Aug. 19 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Aug. 20 1907

Place of Burial Cathedral Cemetery

Date Aug 21 am 1907

Undertaker Edw. B. Pye

Address 122 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4000 Registered No. B C 4000

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Joseph Byrne

{ Residence, if in Baltimore, Give Street and Number. } 1108 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Patrick Byrne

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Roach

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Byrne

(Address) 1108 Harford Ave.

Filed 8/21 1907 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18, 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 9 DAYS

Contributory (Primary.) Fracture

(DURATION) 6 DAYS

(Signed) Benj. D. Hamilton M.D.

Address [illegible] 1216 N. Broadway

Date Aug 20 1907

Place of Burial New Cathedral Cemetery

Date Aug 21st 1907

Undertaker Henry Horch & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 4001 Registered No. B C 4001

CERTIFICATE OF DEATH.

27 4

(Place of Death.) No. 1321 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Funke

{Residence, if in Baltimore, Give Street and Number.} 1321 Aisquith St.

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Steicker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie M Graw

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1321 Aisquith St.

Filed 8/21" 1907 HARRY C. ANDERSON Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22, 1907

I HEREBY CERTIFY, That I attended deceased from about March 1, 1907 to August 22, 1907 that I last saw her alive on Aug. 22, 1907, and that death occurred, on the date stated above, at 12 22 P.M. CAUSE OF DEATH (Secondary or immediate)

Pulmonary Tuberculosis

Several months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. Ra Elwell, M.D.

Address 1741 Hartford ave

Date August 22, 1907

Place of Burial Baltimore Cemetery

Date Aug 23rd 1907

Undertaker Henry Storck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

36

CERTIFICATE OF DEATH.

C 4002

Registered No. B .....

City of Baltimore, (No. 1747, Mulliken St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Taylor. John -

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	Black.
DATE OF BIRTH	March (Month) 12 (Day) 1906 (Year)
AGE	1 years, 5 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Major Taylor.
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Lulu Taylor
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lulu Taylor

(Address) 1747 Mulliken St

Filed 8/21 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 20 1907

that I last saw h[er] alive on Aug 17 1907

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Congenital Syphilis

(DURATION) — DAYS

Contributory Summer Diarrhea

(DURATION) DAYS

(Signed) E. H. Leopold M. D.

Aug 20 1907 (Address) 9. N. St. Balto.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	August 22 1907
UNDERTAKER	ADDRESS
R. A. Ellicott	R. A. Ellicott

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 4003 Registered No. B C 4003

CERTIFICATE OF DEATH.

19 ✓

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emanuel Brown

{ Residence, if in Baltimore, Give Street and Number. } ~~817 Vincent Ave~~ 718 Vincent Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX (male) female | COLOR Cau

DATE OF BIRTH Jan 1 1877

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Jas Brown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ola Bluny

(Address) 718 Vincent

Filed 8/21 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1907 to Aug 18, 1907 that I last saw h im alive on Aug 18 1907, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

~~Cath~~ Organic Heart disease.

(DURATION) DAYS

Contributory (Primary.) asthma

(DURATION) DAYS

(Signed) E. H. Bittner M.D.

Address Md Homeopathic Hospital

Date Aug 19 1907

Place of Burial Mt Olivet

Date Aug 21 1907

Undertaker R. L. Parham

Address 1213 Park St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4001 Registered No. B 61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 W. Perry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J. Broden

{Residence, if in Baltimore, Give Street and Number.} 110 W. Perry St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Jno Broden

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Broden

(Address) 110 W Perry St

Filed 8/21 1907 HARRY C. ANDRESS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 19 1907 that I last saw h[im] alive on Aug 19 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro spinal Meningitis

(DURATION) 20 DAYS

Contributory (Primary.) C?

(DURATION) DAYS

(Signed) H. S. McCard M.D.

Address 2005 O'Sullivan

Date Aug 20 1907

Place of Burial Mt. Auburn

Date Aug 22 1907

Undertaker Jno H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 4005

City of Baltimore, (No. 814, St. Peter St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martin McAuliffe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec June 14th 1907 (Month) (Day) (Year)

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Manchester Md

FULL NAME OF FATHER: Denis McAuliffe

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Addie Hanson

BIRTHPLACE OF MOTHER (State or country): Manchester Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. McAuliffe

(Address) 814 St Peter St

Filed 8/21" 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Aug 20 1907

that I last saw him alive on Aug 20 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Acute gastro Enteritis

(DURATION) DAYS

Contributory asthma

(DURATION) DAYS

(Signed) W. D. Truman M. D.

Aug 20 1907 (Address) 668 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Manchester Md

DATE OF BURIAL: Aug 22nd 1907

UNDERTAKER: Geo Levin Bros & Son

ADDRESS: 647 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 4006 Registered No. B C 4006

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery o Childs Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allen J. Elliott.

{Residence, if in Baltimore, Give Street and Number.} No E. H.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 12th 1907

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: .

BIRTHPLACE OF FATHER (State or country): .

MAIDEN NAME OF MOTHER: .

BIRTHPLACE OF MOTHER (State or country): .

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M.R. Stone.

(Address) No E.H

Filed 8/21 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Aug 19th 1907, that I last saw h alive on Aug 17 1907, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Intestinal Indigestion

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Edw Shoemaker M.D.

Address 922 Madison Ave.

Date 190

Place of Burial Loudon Park

Date Aug 21 1907

Undertaker C.W. Blizzard & Co

Address 1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 4007 Registered No. B C 4007

179w

CERTIFICATE OF DEATH.

Place of Death.) No. Nursery & Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellsworth Lee Mottingly

{ Residence, if in Baltimore, Give Street and Number. } No E. Hosp.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 28th 1901

AGE: ..... years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M R. Stone

(Address) No E. H.

Filed 8/21 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Aug 19 1907 that I last saw h alive on Aug 17 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) W. Edw. Magruder M.D.

Address 922 Madison Ave

Date .....

Place of Burial Loudon Park

Date Aug 21 1907

Undertaker E W Blizzard & Co

Address 1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 4008 Registered No. B C 4008

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 928 Bevan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mamie Constantine

{Residence, if in Baltimore, Give Street and Number.} 928 Bevan St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH 3/26 1878

AGE 29 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Phillip Constantine

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Eva Schaufer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 63 Randall.

Filed 8/21 1907. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1907

I HEREBY CERTIFY, That I attended deceased from 3/3 1907 to 8/20 1907 that I last saw h[illegible] alive on 8/20 1907, and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Florida

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. J. Burlington M.D.

Address 1[illegible] E Fort Ave

Date 8/20 1907

Place of Burial Western Cem.

Date Aug 22 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 4009

C 4009

CERTIFICATE OF DEATH.

78

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hoppin Dolley.

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lemar Hollyday, Supt.
(Informant)

BAY VIEW ASYLUM
(Address)

Filed 8/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1907

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to Aug 20 1907

that I last saw h im alive on Aug 20 1907

and that death occurred, on the date stated above, at 6 20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation

(DURATION) / DAYS

Contributory (Primary.) Endocarditis

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View Hospital

Date Aug 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 20 1907 190

Undertaker William H Worden

Address 1810 Eutaw St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

195

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 4010

City of Baltimore, (No. 3044, Boston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vicenty Kurczak

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: Aug (Month) 20 (Day) 1865 (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Europe.

FULL NAME OF FATHER: Luke Kurczak.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Kurczak.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kurczak.

(Address) 3044 Boston St

Filed 8/21 1907

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Aug 19 1907

that I last saw him alive on Aug 19 1907,

and that death occurred, on the date stated above, at 4.30 P.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Geo T Schmaeks M. D.

Aug 20 1907 (Address) 1057 Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Stanislaus, — DATE OF BURIAL: Aug 22" 1907

UNDERTAKER: M A Padowski — ADDRESS: 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C 4011 Registered No. B C 4011

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Allen Highgate Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George F Tucker

{Residence, if in Baltimore, Give Street and Number.} 1246 Riverside Ave

Duration of Residence in Baltimore. 8 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Oct 17 1773

AGE 34 years, 10 months, 1 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John T. Tucker.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Miss Downey

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Lineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C. Tucker

(Address) 267 E. 31st St.

Filed 8/21 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 15 P M.

CAUSE OF DEATH (Secondary or Immediate)

Electrical Shock

(Acc)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fraser Candler M.D.

Address Corner Wood

Date Aug 21 - 07 190 .....

Place of Burial Mount Olivet

Date Aug 21 190 7

Undertaker J. Fenwick Mitchell

Address 31 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4012 Registered No. B C 4012 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 1216 Indiana Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen L. Griesinger (Helen)

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore... Short time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 79 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) —

FULL NAME OF FATHER Commodore David Geisinger

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. P. Pyskell

(Address) Washington D.C.

Filed 8/21 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 20 1907 that I last saw her alive on Aug 19 1907, and that death occurred, on the date stated above, at 11.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia, Laceration attended by Drs Lewis and Fleming.

(DURATION) — DAYS

Contributory (Primary.)

Senile senility (DURATION) DAYS

(Signed) J. D. Pyskell M.D.

Address 211 N. Lanvale

Date Aug 20th 1907

Place of Burial Greenmount

Date Aug 22 1907

Undertaker J. S. B. Cook

Address 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4013 Registered No. B C 4013

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 516 Scott st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Depsser

{ Residence, if in Baltimore, Give Street and Number. } 516 Scott st

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: November 1 1830

AGE: 76 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Depsser

(Address) 516 Scott st,

Filed 8/21 1907

BARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 20 1907

that I last saw h[illegible] alive on Aug 19 1907.

and that death occurred, on the date stated above, at 2.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum — (DURATION) 5 DAYS

Contributory (Primary.) Exhaustion (DURATION) 1 DAYS

(Signed) Edward[illegible] M.D.

Address 517 Lemmon

Date Aug 20 1907

Place of Burial Loudon Park Cem

Date August 22 1907

Undertaker Jos. Joerdens, Jun

Address 217 S. Pine

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4014 Registered No. B C 4014

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. The Thomas Wilson Sanitarium Mt Wilson Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Creech

{Residence, if in Baltimore, Give Street and Number.} 832 Eastland Ave Mt Lebanon, Lt

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 6 years, 6 months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: J. R. Creech.	
BIRTHPLACE OF FATHER (State or country): North Carolina	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 8/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 20 1907

I HEREBY CERTIFY, That I attended deceased from aug 8 1907 to aug 20 1907 that I last saw h in alive on aug 20 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Dyspeptic Diarrhoea

Gastritis

Malnutrition

Six weeks. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry L White M.D.

Address Baltimore Md

Date aug 21 1907

Place of Burial Oaklawn Cemetery

Date Aug 21st 1907

Undertaker Liston P. Frossellaugh

Address 430 N Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 4015

Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 769 Dover St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie B. Cornish

{Residence, if in Baltimore, Give Street and Number.} 769 Dover St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: 21 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Thomas

BIRTHPLACE OF FATHER (State or country): Charles co Md

MAIDEN NAME OF MOTHER: Victory Jones

BIRTHPLACE OF MOTHER (State or country): Dorchester co Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victory Gaines

(Address) 769 Dover St

Filed 8/21 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 18 1907

that I last saw her alive on Aug 17 1907,

and that death occurred, on the date stated above, at 7.30 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Straus M.D.

Address 420 Hanover St

Date Aug 19 1907

Place of Burial Mt Auburn cemetery

Date Aug 21 1907

Undertaker Geo H Hooper

Address 609 E Pleasant St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 9 C 4016 Registered No. B C 4016

CERTIFICATE OF DEATH.

(Place of Death.) No. 575 Oxford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret R. Sower

{Residence, if in Baltimore, Give Street and Number.} 575 Oxford ave

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH March 7 1848.

AGE 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Patterson

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Margaret McCann

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Sower

(Address) 575 Oxford ave.

Filed 8/21 1907 WILLIAM O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from ~~Feb~~ DEC 1906 to Aug. 21 1907

that I last saw her alive on Aug 20 1907,

and that death occurred, on the date stated above, at 3-30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis.

18 months duration (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Dr. Gadden. M.D.

Address 2631 Jefferson

Date 8/21/07 1907

Place of Burial Loudon Park

Date Aug 24 1907

Undertaker Robt J. Miller

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 C 4017 Registered No. B C 4017

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Carlton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ulbala E. Hutchison

{Residence, if in Baltimore, Give Street and Number.} 1009 Carlton St.

Duration of Residence in Baltimore. Two mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Dec. 30 th 1907

AGE: ..... years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Wm P. Hutchison

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Anna Mackall

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Mackall

(Address) 1009 Carlton St

Filed 8/21" 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Augs 19 th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 21 DAYS

Con'ributory (Primary.) Inanition &

Gastro-enteritis (DURATION) ..... DAYS

(Signed) Silas Baconni M.D.

Address 700 Lef. ave. (Corner)

Date ..... 190 .....

Place of Burial Mt Auburn Cemetery

Date August 22 1907

Undertaker Felix B Pope

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24th C 4018 Registered No. B C 4018

137

CERTIFICATE OF DEATH.

(Place of Death.) No. 2226 Brekins ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Johanna Geck

{ Residence, if in Baltimore, Give Street and Number. } 2226 Brekins ave

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 19th 1875

AGE 32 years, 4 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob Gieseige

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Katrina Gieseiger

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geck

(Address) 2226 Brekins ave

Filed 8/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 19th 1907

I HEREBY CERTIFY, That I attended deceased from July 30th 1907 to August 19th 1907

that I last saw h[illegible] alive on August 19th 1907,

and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

(DURATION) 5 DAYS

Contributory (Primary.) Endometritis Dysentery

(abortion) (DURATION) 21 DAYS

(Signed) John G. Holliday M.D.

Address 714 Freck ave

Date August 20th 1907

Place of Burial Mount Cathedral

Date Aug 22 " 1907

Undertaker N S Finch

Address 2112 N Pratt St

WM. J. C. DULANY CO., BALTIMORE.

OK Mrs Dougherty

Holliday Call in Dr. B. B. Brown who certifies

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 4019 Registered No. B C 4019

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 140 W Clement St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha K Winston

{ Residence, if in Baltimore, Give Street and Number. } 140 W Clement St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 19 th 1888

AGE 19 years, 7 months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Charles C. Winston

BIRTHPLACE OF FATHER (State or country) Richmond Va.

MAIDEN NAME OF MOTHER Annie L Bernhard

BIRTHPLACE OF MOTHER (State or country) Gery

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles C. Winston

(Address) 140 W. Clementsh

Filed 8/21/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1907

I HEREBY CERTIFY, That I attended deceased from Jan 19th 1907 to Aug 20th 1907 that I last saw h alive on Aug 20th 1907 and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate

Cerebro Spinal Meningites

6 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Aug 21st 1907

Place of Burial Forstern Cem

Date Aug 23rd 1907

Undertaker E. Schlosman & Son

Address 1024 Hanover st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4020

1

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 ✓

CERTIFICATE OF DEATH.

Registered No. B C 4020

City of Baltimore, (No. 625 N Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura V. Baily

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 36 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ ?

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Peter Champor.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Leah Dickerson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leah Cauchon

(Address) 625 N Chapel

Filed 8/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Aug 21 1907

that I last saw her alive on Aug 19 1907,

and that death occurred, on the date stated above, at 12 A.M. The CAUSE OF DEATH was as follows:

A Tuberculosis

Serious meningitis (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Walter W. White M. D.

Aug 21 1907 (Address) 1101 E Biway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodberry

DATE OF BURIAL: August 22 1907

UNDERTAKER: F. H. Elliott

ADDRESS: 576 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 4021 Registered No. B C 4021

114

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Corney

{Residence, if in Baltimore, Give Street and Number.} 683 Vine St.

Duration of Residence in Baltimore. ~~6 years~~ 7 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 68 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Wood & Coal Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Green

(Address) 683 Vine st

Filed 8/21 1907 HARRY C. ANDREWS, PERM. CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 20 1907 that I last saw h[illegible] alive on Aug 20 1907 and that death occurred, on the date stated above, at [illegible] 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Septic Infection.

Two weeks.

(DURATION) DAYS

Contributory (Primary.) Abscess of Liver. One year (DURATION) DAYS

(Signed) William H. Bowen M.D.

Address Md. General Hosp.

Date Aug 21 1907

Place of Burial St Peters Cemetery

Date Aug 21 1907

Undertaker John W Henderson

Address 31 N. Caroline St

WM. J. C. [illegible] CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the deceased, and the ***cause and date of death***.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 4022 Registered No. B C 4022

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hallie Bennett

{Residence, if in Baltimore, Give Street and Number.} 121 S. Durham St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 6th 1907

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Bennett

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Laura Kortmann

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Bennett

(Address) 121 S. Durham St.

Filed 8/21 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20th 1907 to Aug 20th 1907

that I last saw h[illegible] alive on Aug 20 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

1. Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 1833 E. Baltimore

Date Aug 21st 1907

Place of Burial Evangelical Cem

Date August 21st 1907

Undertaker H. Sayder & Sons

Address 1710 Carlton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the undertaker who shall have charge of the body, to notify the Health Department thereof, and to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4023 Registered No. B C 4023

36 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1941 Mosher St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Milton Lewis Lautenberger

{Residence, if in Baltimore, Give Street and Number.} 1941 Mosher St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Apr. 1 21 1907
AGE	..... years, 4 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Walter M. Lautenberger
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Edith G. Gattier
BIRTHPLACE OF MOTHER (State or country)	Baltimore City
OCCUPATION OF DECEASED	none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter M. Lautenberger

(Address) 1941 Mosher St.

Filed 8/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 21 1907 that I last saw him alive on Aug 20 1907, and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Hydrocephalus Syphilis, complicated with Chol. Infantum. att. by Dr W. M. Lewis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Eckhardt M.D.

Address 211 N. Lanvale St.

Date Aug 21st 1907

Place of Burial ~~Lorraine~~ Druid Ridge

Date Aug 22 1907

Undertaker G. F. Walker

Address 723 Laywood Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 4024 Registered No. B C 4024

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick B. Steiner

{Residence, if in Baltimore, Give Street and Number.} 806 W Lombard St

Duration of Residence in Baltimore. 60 yr

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	May 2nd 1822
AGE	85 years, 2 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Steven Steiner
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Elizabeth Bively
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Kate A. Steiner

(Address 806 W Lombard St

Filed 8/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20th 1907

I HEREBY CERTIFY, That I attended deceased from June 18 1907 to Aug 20 1907 that I last saw him alive on Aug 20 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.)

Paralysis (DURATION) 90 DAYS

(Signed) Frank W Gunnon M.D.

Address 322 N Greene St

Date Aug 21st 1907

Place of Burial Laudon Park

Date Aug 22nd 1907

Undertaker G. F. Walker

Address 723 W Lafayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B C 4025

C 4025

CERTIFICATE OF DEATH.

113

(Place of Death.) No. union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Martha A. Leach

{Residence, if in Baltimore, Give Street and Number.} 644 Mosher St Baltimore Md

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH unknown 1846

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Wash. D.C.

FULL NAME OF FATHER Thos Bayliss

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lolly Miles

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj Leach

(Address) 644 Mosher St

Filed 8/21 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18 1907 to Aug 21 1907 that I last saw her alive on Aug 21 1907, and that death occurred, on the date stated above, at 9.30 M. CAUSE OF DEATH (Secondary or Immediate)

Duodenal Obstruction (acute) Due to large Gall Stone in Jejunum)

(DURATION) ..... DAYS

Contributory (Primary.) Gall-stone

(DURATION) ..... DAYS

(Signed) Geo F Harman M.D.

Address union Protestant Infirmary

Date Aug 21 1907

Place of Burial Landen Oak

Date Aug 24th 1907

Undertaker G. A. Wilkes

Address 723 W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 4026 Registered No. B C 4026

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Jannes

{Residence, if in Baltimore, Give Street and Number.} St. Vinct Inf. asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Aug 1, 1907

AGE: ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 8/21 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 20, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 20 1907 that I last saw her alive on Aug 20 1907, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Caroline St

Date 8/21 1907

Place of Burial New Cathedral

Date Aug. 22 nd. 1907

Undertaker Martin Fahey & Son

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. B C 4027 (C 4027)

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents' Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gertrude A Maloney,

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. — COLOR: W.

DATE OF BIRTH: Aug 5 1907

AGE: ..... years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 8/21 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 20 1907 that I last saw her alive on Aug 20 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Weakness

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. N. Hayward M.D.

Address 1230 N Caroline

Date 8/21 1907

Place of Burial New Cathedral

Date Aug 22 nd. 1907

Undertaker Martin Fahey & Sons.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 4028

Ward 22

C 4028

Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 723 Butler's al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Lee

{Residence, if in Baltimore, Give Street and Number.} 723 Butlers al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER dont know

BIRTHPLACE OF FATHER (State or country) dont know

MAIDEN NAME OF MOTHER dont know

BIRTHPLACE OF MOTHER (State or country) dont know

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Banks

(Address) #723 Butler's Alley

Filed 8/21/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 20 1907

that I last saw h ed alive on Aug 20 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

..... (DURATION) ..... ~~DAYS~~

Con'ributory (Primary.)

..... (DURATION) ..... ~~DAYS~~

(Signed) W. L. Smith M.D.

Address 528 Hanover St.

Date Aug 21 1907

Place of Burial Mount Auburn

Date Aug 22 nd 1907

Undertaker J. L. Brann & Son

Address #108 W. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 4029

City of Baltimore, (No. 631 Gold St Ward) St.;

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information"]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Daley.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Nov (Month) (Day) 1906 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Raymond Daley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Harris

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Daley

(Address) 631. Gold St

Filed 8/21 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 20th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Aug. 20th 1907 that I last saw him alive on Aug 19th 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Entero - Colitis

(DURATION) 30 DAYS

Contributory Exhaustion

(DURATION) one DAYS

(Signed) Theodore F. Freeman M. D.

Aug 20 1907 (Address) 1204 N Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Arnold Bros Stacey Pim & A Co Md

DATE OF BURIAL: Aug 23rd 1907

UNDERTAKER: Sam'l. H. Chase & Son

ADDRESS: 1011 N Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6th

C 4030 Registered No. B C 4030

137 L

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith C. Baker

{Residence, if in Baltimore, Give Street and Number.} Aberdeen Md.

Duration of Residence in Baltimore. 17 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Solomon Kimmell

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Katie H. Kimmell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amy Baker

(Address) Aberdeen Md.

Filed 8/21 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug 21 — 1907

I HEREBY CERTIFY, That I attended deceased from aug 3 — 1907 to aug 21 1907 that I last saw h alive on aug 21 1907, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

5 hours (DURATION) ~~DAYS~~

Contributory (Primary.) Pyaemia (Puerperal infection) (DURATION) 28 DAYS

(Signed) J. Morris Slemons M.D.

Address 230 W. Chase St

Date aug 21 — 1907

Place of Burial Aberdeen Md.

Date aug. 21, 1907

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 4031 Registered No. B C 4031

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard L. Blair

{Residence, if in Baltimore, Give Street and Number.} 904 W. Lombard St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 10 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Leo F. Blair

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Nellie Owens

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo. F. Blair

(Address) 904 W. Lombard St.

Filed 8/21 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 20th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1907 to Aug. 20 1907 that I last saw him alive on Aug. 20 1907, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis - cerebral -

(DURATION) 3 DAYS

Con'tributory (Primary.) Enterocolitis

(DURATION) 21 DAYS

(Signed) Jos. C. Wunder M.D.

Address Wilhelm Park

Date Aug. 20th 1907

Place of Burial Cathedral

Date Aug 22nd 1907

Undertaker John T. Corvan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 4032 Registered No. B C 4032

CERTIFICATE OF DEATH.

(Place of Death.) No. 854 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ludwika Berezka

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. 17 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 2nd 1869

AGE: 38 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Wojciech Kucharski

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Sarnowska

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kucharski

(Address) 1717 Allegheny Av

Filed 8/21 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21 1907

I HEREBY CERTIFY, That I attended deceased from August 12 1907 to August 16 1907 that I last saw h[illegible] alive on August 16 1907, and that death occurred, on the date stated above, at 11 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonis (DURATION) 30 DAYS

Contributory (Primary.) Carcinoma

Laryngis (DURATION) 10 DAYS

(Signed) S. J. Szmurakiewicz M.D.

Address 922 S. Ann St

Date August 21st 1907

Place of Burial St. Adalbert

Date Aug. 23 1907

Undertaker Edward Brach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C 4033 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1057 South Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willibald R. Prichett.

{Residence, if in Baltimore, Give Street and Number.} Left.

Duration of Residence in Baltimore. Left.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Dec 22. 1906.

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Arthur Prichett.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Mary Vetter.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Waldkoenig Md.

(Address) 603 S. Sharp St.

Filed 8/21" 1907 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 20 1907 that I last saw h.. alive on Aug 20 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enterotis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Waldkoenig M.D.

Address 603 S. Sharp St.

Date Aug 21. 1907

Place of Burial Holy Redeemer.

Date Aug. 22 1907

Undertaker E. Hurle

Address 115 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 4034

CERTIFICATE OF DEATH.

27 W

(Place of Death.) No. 223 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Penn Thistlethwaith

{ Residence, if in Baltimore, Give Street and Number. } 223 W. Mulberry St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 4 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Richard Thistlethwaith

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Burns

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Thistlethwaith

(Address) 223 W. Mulberry St.

Filed Aug 22 nd 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from January 1907 to Aug. 21 1907 that I last saw him alive on Aug. 20 1907 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 90 DAYS

Contributory (Primary) Acute Pneumonic Intermittent (DURATION) 3 days

(Signed) Robert Blake M.D.

Address 2918 N. Howard

Date Aug 21 1907

Place of Burial Cathedral Cemetery

Date ~~Aug 21~~ Aug. 22. 1907

Undertaker H. W. Means & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B C 4035 L

176

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Wilson

{ Residence, if in Baltimore, Give Street and Number. } 317 Barclay place

Duration of Residence in Baltimore. 6 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Henry Hankins

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary McCormack

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. W. Hankins

(Address) 317 Barclay St.

Filed Aug 22 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

L. S. C. B. P.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 20 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 190 to Aug 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 3.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage + Shock from gastric ulcer and perforation + Kidneys

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jas. W. Hankins Coroner M.D.

Address 1216 N. Carolina St

Date Aug. 21 1907

Place of Burial Pools Cemetery Carroll Co. Md

Date Aug 25 1907

Undertaker E. D. Gilbey + Co

Address Westminster Balto Co Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 4036

C 4036

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Noah Drummond

{Residence, if in Baltimore, Give Street and Number.} 15 N Dallas St ?

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 17 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Easton Shore Va

FULL NAME OF FATHER: Wilson Drummond

BIRTHPLACE OF FATHER (State or country): Easton Shore Va

MAIDEN NAME OF MOTHER: Catherine Philips

BIRTHPLACE OF MOTHER (State or country): Easton Shore Va

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Drummond

(Address) 15 N Dallas st

Filed 8/22 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 22 1907

that I last saw h alive on Aug 21 1907

and that death occurred, on the date stated above, at 8 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Aortic Insufficiency

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G S Krouse M.D.

Address Johns Hopkins Hospital

Date Aug 22 1907

Place of Burial Asbury Cemetary

Date August 22 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 4037 Registered No. B C 4037 v. 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 N Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H Lammers Sr

{Residence, if in Baltimore, Give Street and Number.} 207 N Luzerne St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 14 1842

AGE 64 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Herman Lammers

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothea

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Lammers Jr

(Address) 207 N Luzerne St

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Aug 21 1907

that I last saw him alive on [illegible] 1907,

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senilety

(DURATION) 6 months DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date Aug. 22 1907

Place of Burial Baltimore Cemetery

Date Aug 25 1907

Undertaker Sons & Hermann

Address 32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4038

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4038

City of Baltimore, (No. 1209 Foster St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thos. Leon Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: unknown 1 (Month) (Day) Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: William Dixon

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Mary Ellicks

BIRTHPLACE OF MOTHER (State or country): N. Point, Back River

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Dixon

(Address) 1209 Foster St.

Filed Aug 22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 22 1907 that I last saw him alive on Aug 22 1907, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 5 Mos. DAYS

Contributory Summer Diarrhoea

(DURATION) 4 DAYS

(Signed) Albert F. Coney M. D.

Aug 22 1907 (Address) 1412 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Aug 22 1907

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. C 4039

Ward 20 C 4039 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2202 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Leo. Schultz

{Residence, if in Baltimore, Give Street and Number.} 2202 Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 2 1907

AGE: 3 weeks old (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Schultz

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Annie Steinacker

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Schultz

(Address) 2202 Frederick ave.

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1907 to Aug. 21, 1907 that I last saw h im alive on Aug. 17, 1907, and that death occurred, on the date stated above, at 6:30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

4 mo. (DURATION) DAYS

Contributory (Primary.) premature birth

(DURATION) DAYS

(Signed) E. A. Dickey M.D.

Dispensary Physician

Address Franklin Square Hospital.

Date 190

Place of Burial Loudon Park

Date Aug 22 1907

Undertaker Mrs Geo P. Paulust

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4040

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4040

City of Baltimore, (No. 2127, W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Gottlieb Kreisel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Sept. (Month) 29 (Day) 1906 (Year)

AGE: ..... years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Otto Kriesel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Kohler

BIRTHPLACE OF MOTHER (State or country): Balto. —

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Kriesel

(Address) 2127 W. Fayette St.

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT. CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 29 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9, 1907 to Aug. 20, 1907

that I last saw him alive on Aug. 19, 1907,

and that death occurred, on the date stated above, at 5:30 P.M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 10 Mo.

Contributory Congenital debility.

(DURATION) ..... DAYS

(Signed) E. E. Duckey M. D.

Aug. 20, 1907 (Address) 14 N. Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Leakin Park.

DATE OF BURIAL: Aug 22 1907

UNDERTAKER: Wm. Geo. P. Pauline

ADDRESS: 1101 Fredericks

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

C 4041

Registered No. B C 4041

CERTIFICATE OF DEATH.

(Place of Death.) No. 128 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert S. Rudolph

{ Residence, if in Baltimore, Give Street and Number. } Life at above place

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: wht
DATE OF BIRTH: May 28th 1906	
AGE: 1 years, 2 months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	~ ~ ~
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John G Rudolph
BIRTHPLACE OF FATHER (State or country)	Penna
MAIDEN NAME OF MOTHER	Ettie Sharp
BIRTHPLACE OF MOTHER (State or country)	Penna
OCCUPATION OF DECEASED	~ ~ ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G Rudolph

(Address) 128 Dolphin

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 21 1907 that I last saw him alive on Aug 20 1907, and that death occurred, on the date stated above, at 1 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions from cutting.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lehrbach M.D.

Address 211 W. Lanvale

Date Aug 21st 1907

Place of Burial Loudon Park

Date Aug 23rd 1907

Undertaker A F Philbin

Address 1711 Eutaw ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B C 4042

C 4042

CERTIFICATE OF DEATH.

274

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Manning

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 20 1907

that I last saw him alive on Aug 20 1907,

and that death occurred, on the date stated above, at 1 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View Hosp

Date Aug 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 21 1907 190

Undertaker William H Woodlen

Address 1810 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR STATISTICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

Ward ..... C 4043 Registered No. B ..... C 4043

27 L

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Miller

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED: Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Father Holycross

(Informant) Bay

(Address) BAY VIEW ASYLUM

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Aug 21 1907 that I last saw him alive on Aug 21 1907, and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory (Primary.) Tuberculosis

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Aug. 21 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 21 1907 190

Undertaker William H Woodcock

Address 1810 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1911

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 C 4044 Registered No. B C 4044 105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Maryland Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William C Chapman

{Residence, if in Baltimore, Give Street and Number.} 1745 - Carlyle st

Duration of Residence in Baltimore. 2 mo -

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR black

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Infant -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/22 1907 HARRY C. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 19 1907 that I last saw h[illegible] alive on Aug 19 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition 1 mo

Dyspepsia duration 2 wks

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J Smith Jr M.D.

Address 824 Cathedral St

Date Aug 21 - 07 1907

Place of Burial COLLEGE OF P. & S.

Date AUG 21 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

31

Ward 8 C 4045 Registered No. B C 4045

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1h Thomas William Lanman St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Edward Heartfield.

{ Residence, if in Baltimore, Give Street and Number. } 1032 N. Collington Ave

Duration of Residence in Baltimore. 2 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/22 1907 Registrar

HARRY C. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 15 1907

I HEREBY CERTIFY, That I attended deceased from July 14 1907 to Aug 15 1907

that I last saw h[illegible] alive on Aug 15 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

Dyspepsia (DURATION) 10 days

(Signed) J. M. Guyer M.D.

Address 802 Eastern Ave

Date Aug 21 1907

Place of Burial COLLEGE OF P. & S.

Date AUG 21 1907

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 4046 — Registered No. B C 4046

72

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 Ashland ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mena Adelheid Spielduck

{Residence, if in Baltimore, Give Street and Number.} 1625 Ashland Ave

Since Birth

Duration of Residence in Baltimore. ~~Since Birth~~ - 5 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH Aug 15 1907

AGE — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Moses Spielduck

BIRTHPLACE OF FATHER (State or country) Savannah Ga

MAIDEN NAME OF MOTHER Mollie Mayer

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Horn

(Address) 1625 Ashland ave

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15th 1907 to Aug 21st 1907

that I last saw h alive on Aug 21st 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception

(DURATION) One DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S A Storer M.D.

Address 1501 Eutaw St

Date Aug 21 1907

Place of Burial Fells Point, Cem Hebrew

Date Aug 22nd 1907

Undertaker Jacob A Horn Co.

Address 1620 Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 4047 — Registered No. B C 4047 2 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1529 Ludlow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Woyzychofski

{Residence, if in Baltimore, Give Street and Number.} 1529 Ludlow St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 11 1907

AGE — years, 11 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Stanislaw Woyzechofski

BIRTHPLACE OF FATHER (State or country) Russia - Poland

MAIDEN NAME OF MOTHER Julianna Ungar

BIRTHPLACE OF MOTHER (State or country) Russia - Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaw Woyzechofski

(Address) 1529 Ludlow St.

Filed 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21 1907

I HEREBY CERTIFY, That I attended deceased from August 7 1907 to Aug 21 1907 that I last saw h[er] alive on Aug 20 1907 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus (DURATION) 60 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Skala M.D.

Address 1510 E. Fort Ave

Date August 21 1907

Place of Burial Holy Rosary.

Date Thursday Aug 22 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 4048

C 4048

Ward 24

Registered No. B 166 K

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Manning

{ Residence, if in Baltimore, Give Street and Number. } 7185 Fortune.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Manning

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Rose Fitzpatrick

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Stumbaugh

(Address) 1318 Light St.

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 19 1907

that I last saw him alive on Aug 19 1907,

and that death occurred, on the date stated above, at 9.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Shock accidentally

Crushed Pelvis

(DURATION) — DAYS

Contributory (Primary.) Elevator accident

(DURATION) — DAYS

(Signed) Benj. D. Humphreys M.D.

Address 1216 E. Caroline St.

Date Aug. 21 1907

Place of Burial Cedar Hill

Date Aug 23 1907

Undertaker Jos. Stumbaugh

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 ✕ C 4049 Registered No. B C 4049 ✓ 164

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Stokes

{ Residence, if in Baltimore, Give Street and Number. } U.S. Marine Hospital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U.S. Marine Hospital

Filed 8/22 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 20 1907 that I last saw h Dec alive on Aug 20 1907, and that death occurred, on the date stated above, at 10.17 P. M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory failure

Injury caused by bruising & abrasion of scalp & vessels (Accidental)

(DURATION) Hrs DAYS

Contributory (Primary.) Fracture (4th Cervical Vertebra)

(DURATION) 6 DAYS

(Signed) L. L. Williams M.D.

Address U.S. Marine Hospital

Date August 21 1907

Place of Burial Greenfield Md

Date Aug 23 1907

Undertaker Wm Cook

Address 502 E Saratoga

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 4050 Registered No. B C 4050

CERTIFICATE OF DEATH.

716

(Place of Death.) No. 716 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Sawtaff

{ Residence, if in Baltimore, Give Street and Number. } Balto

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: August 18 1907	
AGE: ..... years, ... months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Jozef Sawtaff	
BIRTHPLACE OF FATHER (State or country): Poland	
MAIDEN NAME OF MOTHER: Josefa Ochowska	
BIRTHPLACE OF MOTHER (State or country): Poland	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jozef Sawtaff

(Address) 716 S. Broadway

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21 1907

I HEREBY CERTIFY, That I attended deceased from August 21 1907 to August 21 1907 that I last saw h[illegible] alive on August 21 1907, and that death occurred, on the date stated above, at 12 M.

I. CAUSE OF DEATH (Secondary or Immediate)

Spasm (DURATION) 3 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) S/ Symanski M.D.

Address 722 S. Ann St

Date August 22 1907

Place of Burial Holy Rosary.

Date Aug. 22 1907

Undertaker Jacob Fialkoski

Address 1420 E. Bond

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

284

CERTIFICATE OF DEATH.

Registered No. B C 4051

City of Baltimore, (No. 1403, Myrtle Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alfred M. Hurdelis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 25th (Month) (Day) 1905 (Year)

AGE: 2 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward Hurdelis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eva Saunders

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hurdelis

(Address) 1403 Myrtle Ave

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 21st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 13th 1907 to August 21st 1907 that I last saw him alive on August 21st 1907, and that death occurred, on the date stated above, at 3.45 P.M. The CAUSE OF DEATH was as follows:

Tuberculous Meningitis. (DURATION) 9 DAYS

Contributory Pertussis. (DURATION) 5 DAYS

(Signed) William J. Sullivan M. D.

8/22 1907 (Address) 1701 N. Fulton Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Aug 23 1907

UNDERTAKER: M Fahey & Sons | ADDRESS: 606 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 24

C 4052

Registered No. B C 4052 93

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Chamberlain

{Residence, if in Baltimore, Give Street and Number.} 834 E. Fort Ave.

Duration of Residence in Baltimore. Four year

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. Wise

(Address) City Hospital.

Filed 8/22 1907

HARRY J. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 30 1907

that I last saw him alive on Aug 30 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia - Emphysema

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D Stone M.D.

Address City Hospital

Date Aug 30 - 1907

Place of Burial Mt Olivet - Cemetary

Date August 23 1907.

Undertaker Daniel Gaul M.G. Flynn

Address 42 East West Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 4053 Registered No. B C 4053

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 874 McKim St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo Fogarty

{ Residence, if in Baltimore, Give Street and Number. } 874 McKim St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 24 1906

AGE 1 years, 6 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Fogarty

BIRTHPLACE OF FATHER (State or country) Charleston S.C

MAIDEN NAME OF MOTHER Sarah Benton

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 874 McKim St

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr Mess

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 21 1907 that I last saw him alive on Aug 20 1907, and that death occurred, on the date stated above, at 5.00 a. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition and marasmus

(DURATION) — DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Bernard Wess M.D.

Address 825 E Chase St

Date Aug 21 1907

Place of Burial St Peters

Date Aug 22 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 4054 Registered No. B C 4054

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 242 Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles W Cover

{ Residence, if in Baltimore, Give Street and Number. } 242 Hickory Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Aug 8th 1907

AGE: — years, — months, 14 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto —

FULL NAME OF FATHER: Ephraim S Cover

BIRTHPLACE OF FATHER (State or country): Carroll Co

MAIDEN NAME OF MOTHER: Mary M M Schneider

BIRTHPLACE OF MOTHER (State or country): Frederick Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M M Cover

(Address) 242 Hickory Ave

Filed 8/22 1907 HARRY A. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Aug 22 1907

that I last saw h in alive on Aug 19 1907 3 30

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ischemic Monoplegia

Inanition + Collapse

(DURATION) 14 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Wm H Fortenman M.D.

Address 800 1st Ave

Date Aug 22nd 1907

Place of Burial St Thomas Hampstead

Date Aug 23 1907

Undertaker C Knowelth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 · C 4055 Registered No. B C 4055

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Frank Lie Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Whitr Dorrauer ~~Mrs Charles~~ Dorrance

{Residence, if in Baltimore, Give Street and Number.} 1216 Hollins Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 27 1866

AGE 40 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm. S. Lauder

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Elizabeth King

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Dorrance

(Address) 1216 Hollins St

Filed 8/22 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21, 1907

I HEREBY CERTIFY, That I attended deceased from July 29, 1907 to August 21 1907 that I last saw h-r alive on August 21 1907, and that death occurred, on the date stated above, at 12.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.) Gastroptosis

(DURATION) DAYS

(Signed) F. W. Bachtel M.D.

Address Frank Lie Sq. Hospital

Date August 21, 1907

Place of Burial Woodlawn Cemetery

Date Aug 23 1907

Undertaker W. F. Dulany Son

Address Lauderdale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 25

C 4056 Registered No. B C 4056

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 Winter St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Jackson

{Residence, if in Baltimore, Give Street and Number.} 113 Winter

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored

DATE OF BIRTH: ..... 1.....

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Smith

(Address) 113 winter St

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 21 1907

that I last saw h[illegible] alive on Aug 20 1907,

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) (?) DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) H S McCard M.D.

Address 2005 Druid Hill Ave.

Date Aug. 22 1907

Place of Burial Mt Auburn

Date Aug 23 1907

Undertaker J. H. Trader

Address 142 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 8 C 4057 Registered No. B C 4057

14

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name Frank H. Lumsden

{Residence, if in Baltimore, Give Street and Number.} 1601 No. Milton ave.

Duration of Residence in Baltimore. 49

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 23rd 1864

AGE 43 years, 2 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Robert Lumsden

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Annie Loftin

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lumsden

(Address) 1601 N. Milton Ave

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19. 1907 to Aug 20 1907 that I last saw h[illegible] alive on Aug 20 1907 and that death occurred, on the date stated above, at 8:20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis (Septic).

12 hours (DURATION) DAYS

Con'ributory (Primary) Typhoid fever

Two weeks (DURATION) DAYS

(Signed) William W. Bowen M.D.

Address Md. General Hosp.

Date Aug 21 1907.

Place of Burial Mt. Carmel Cemetery

Date Aug. 22nd 1907

Undertaker H. Sander Sons

Address 1311 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4058

22

66

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4058

City of Baltimore, (No. 329 W. Pratt St. St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Schueler

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb 27 1845 (Month) (Day) (Year)
AGE	62 years, 5 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Carl Schueler
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Block
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Shoe Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Schueler

(Address) 229 W. Pratt.

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18 1907 to Aug 21 1907 that I last saw him alive on Aug 21 1907, and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Right Hemiplegia

(DURATION) DAYS

Contributory Atheroma

(DURATION) DAYS

(Signed) Anthony L. Rattaliata M. D.

Aug 21 1907 (Address) 827 August Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Aug 24 1907
UNDERTAKER	ADDRESS
Geo Lincoln & Son	647 W Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 4059 Registered No. B C 4059

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 Chesapeake St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jelanoske

{Residence, if in Baltimore, Give Street and Number.} 825 Chesapeake St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 25 years, 6 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ S.

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Jelanoske

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jelanoske

(Address) 825 Chesapeake St

Filed 8/22 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from April 15 1907 to Aug 20 1907 that I last saw her alive on Aug 19 1907, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T.B

5 mts (DURATION) DAYS

Contributory (Primary.) asthema

2 mts (DURATION) DAYS

(Signed) W. L. Burke M.D.

Address 3042 Hudson St

Date Aug 24 1907

Place of Burial St. Alphonsus, Holy Redeemer

Date Aug 23 1907

Undertaker Hrudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4060

12

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4060

City of Baltimore, (No. 7 E. 27th. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James C. Green

PERSONAL AND STATISTICAL PARTICULARS

SEX	White
COLOR	Male
DATE OF BIRTH	Nov 2 1906 (Month) (Day) (Year)
AGE	— years, 9 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	James C. Green
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Julia H. Truehart
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James C. Green

(Address) 7 E. 27 St.

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 21 1907 that I last saw him alive on Aug 21 1907, and that death occurred, on the date stated above, at 11-40 A. M. The CAUSE OF DEATH was as follows:

Impacted Diarrhoea

(DURATION) 26 DAYS

Contributory Hydrocephaloid

(DURATION) 7 DAYS

(Signed) H. M. Fiss M. D.

Aug 22 1907 (Address) 12 E. 25th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Ft. Park. —	Aug 22 1907
UNDERTAKER	ADDRESS
E. M. Mitchell	1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

C 4061

Ward 11th

Registered No. B C 4061

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 939 St Paul St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Ross Howard

{Residence, if in Baltimore, Give Street and Number.} 939 St Paul Street

Duration of Residence in Baltimore. Was born & lived most of his life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 15th May 1837

AGE 70 years, 3 months, 6 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widower

BIRTHPLACE (State or country) Baltimore . Md

FULL NAME OF FATHER James Howard

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Catharine Mary Ross

BIRTHPLACE OF MOTHER (State or country) Frederick Md

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas McK Howard Md

(Address) 939 St Paul St. Balto.

Filed 8/22" 1907 EMIL C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21st 1907

I HEREBY CERTIFY, That I attended deceased from Febry 1906 to August 21st 1907

that I last saw him alive on 21st Aug 1907,

and that death occurred, on the date stated above, at 939 St Paul St.

M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease of Kidneys—
Paralysis in March 1906 — Confinement
to his room since Febry 1906 — Epileptic forms
Convulsions &c (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Jas. McK. Howard M.D.

Address 939 St Paul St

Date August 21st 1907

Place of Burial Greenmount

Date August 23rd 1907

Undertaker H.W. Jenkins & Sons Co

Address 300 W. Madison Cor Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4062

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14

CERTIFICATE OF DEATH.

Registered No. B C 4062

City of Baltimore, (No. 624 N. Bond St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John M. Galloway

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 4 1855 (Month) (Day) (Year)
AGE	51 years, 9 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Granbury Galloway
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Annie E. Caulk
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter B. Galloway

(Address) 624 N. Bond St

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1907 to Aug. 22nd 1907 that I last saw him alive on Aug. 21st 1907, and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 14 DAYS

Contributory Nervous Exhaustion

(DURATION) 14 DAYS

(Signed) Wm. H. Johnson M. D.

Aug. 22nd 1907 (Address) 2017 E. Balto. St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 24 1907
UNDERTAKER	ADDRESS
Jos B. Cook.	1003 W. Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 4063 Registered No. B C 4063

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Old York Road and Wyandotte Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alfred James Brown

{ Residence, if in Baltimore, Give Street and Number. } Old York Road and Wyandotte Ave

Duration of Residence in Baltimore. All life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 8th 1850

AGE 56 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Maryland

FULL NAME OF FATHER Alfred James Brown

BIRTHPLACE OF FATHER (State or country) London England

MAIDEN NAME OF MOTHER Catherine E

BIRTHPLACE OF MOTHER (State or country) Kent Co. Maryland

OCCUPATION OF DECEASED Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred J. S. Brown

(Address) 1312 W Lafayette Ave

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21 1907

I HEREBY CERTIFY, That I attended deceased from May 6 1907 to Aug 21 1907 that I last saw him alive on Aug 21 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cer. Nephritis.

(DURATION) years. ~~DAYS~~

Contributory (Primary)

(DURATION) DAYS

(Signed) John Evans M.D.

Address #602 Cator Ave

Date August 21 1907

Place of Burial Lorraine Cemetery

Date Aug 24th 1907

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 4064 Registered No. B C 4064

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Dawson St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sloan B Reed

{ Residence, if in Baltimore, Give Street and Number. } 1404 Dawson St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: John R. Thomas

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Julia Gray

BIRTHPLACE OF MOTHER (State or country): Westmorland, Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Julia Thomas

(Address) 1404 Division St.

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Aug 22 1907

that I last saw her alive on Aug 20 1907

and that death occurred, on the date stated above, at 4 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute General Miliary Tuberculosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) L. S. Hankins M.D.

Address 1202 Hill Ave

Date 190

Place of Burial Mt. Auburn Cemetery

Date August 24 1907

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward [illegible] C 4065 Registered No. B C 4065

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 3026 Hudson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Lewis Ruley

{Residence, if in Baltimore, Give Street and Number.} 3026 Hudson St,

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE years, 15 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Ruley

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Neal

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida Neal

(Address) 3026 Hudson St.

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18 1907 to Aug 21 1907 that I last saw him alive on Aug 21 1907, and that death occurred, on the date stated above, at 12 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L Long M.D.

Address 2429 Fait Ave

Date Aug 22 1907

Place of Burial Baltimore CEMETERY,

Date AUG 23 1907 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 1

C 4066

Registered No. B C 4066

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margery Merritt

{Residence, if in Baltimore, Give Street and Number.} Grange Md

Duration of Residence in Baltimore. 15 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 22 1907

AGE: ____ years, 3 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Grange Md.

FULL NAME OF FATHER: Alvah R. Merritt

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Ethel Lynd Bond.

BIRTHPLACE OF MOTHER (State or country): Patapsco Neck Balto. Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alvah R. Merritt

(Address) Grange Balto Co. Md.

Filed 8/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 22 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 7 1907 to Aug 22 1907

that I last saw her alive on Aug 21 1907, 1.30

and that death occurred, on the date stated above, at 1. A. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) G Lathrop Ewald M.D.

Address 708 N. Fetus St.

Date Aug. 22 1907.

Place of Burial Oak Lawn Cemy

Date Aug 24 1907

Undertaker J H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 4067 Registered No. B C 4067

120

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. E. Fredenburg

{Residence, if in Baltimore, Give Street and Number.} 324 W. Falls Ave

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 15 1836

AGE 71 years, months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Philip Fredenburg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Fredenburg

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo E Fredenburg

(Address) 324 West Falls Ave

Filed 8/22 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 21 1907

that I last saw h im alive on Aug 21 1907

and that death occurred, on the date stated above, at 7

A. M. CAUSE OF DEATH (Secondary or Immediate)

Senility & Exhaustion

(DURATION) DAYS

Contributory (Primary) Chr. Brights Colitis (DURATION) DAYS

(Signed) Geo. E. Klinger M.D.

Address St. Josephs Hosp.

Date Aug. 21 1907

Place of Burial Saint Vincent Cemetery

Date August 23 1907

Undertaker F A Strause Bro

Address 703 Hanover Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4068

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4068

City of Baltimore, (No. Fulton Ave & Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Dyer.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH October 7th 1821
(Month) (Day) Year)

AGE 85 years, 10 months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Co Maryland

FULL NAME OF FATHER Walter E. Dyer

BIRTHPLACE OF FATHER (State or country) St Marys Co Maryland

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs E. R Mrenshaw

(Address) Methodist Home.

Filed 8/22 1907

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21. 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11 1907 to Aug 21 1907 that I last saw h in alive on Aug 21 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Uraemia

(DURATION) — DAYS

Contributory Chronic Nephritis

(DURATION) ..... DAYS

(Signed) Geo. C. Shannon M. D.

Aug 22. 1907 (Address) 1442 Pressman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Western Cemetery

DATE OF BURIAL Aug 23 1907

UNDERTAKER Geo J Smith Co

ADDRESS 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 10 C 4069 Registered No. B C 4069 V

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Aged Women's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Fredrica Horn

{Residence, if in Baltimore, Give Street and Number.} 1400 N Lexington St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Unknown 1

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella J Jones Matron Home

(Address)

Filed 8/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Aug 24 1907 that I last saw h.. alive on Aug 24 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

1 yr (DURATION) DAYS

Con'tributory (Primary.) Asthenia

3 mos (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 939 N Eutaw St

Date Aug 24 1907

Place of Burial Mt Olivet Cem

Date Aug 23 1907

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

20

C 4070

71

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4070

City of Baltimore, (No. 406 S Durlach St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie Lillie Losch

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: May (Month) 13 (Day) 1907 (Year)

AGE: ..... years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Losch

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Hanna Maria Knopf

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hanna Knopf

(Address) 406 S Durlach

Filed 8/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 20 1907 to August 20 1907 that I last saw h[er] alive on August 20 1907, and that death occurred, on the date stated above, at 10 30 P. M. The CAUSE OF DEATH was as follows:

convulsions

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. John Vassalli M. D.

8/23 1907 (Address) 649 N. Fulton.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Aug 23 1907

UNDERTAKER: Wm Geo P Paulk | ADDRESS: 216 Frederick ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 4071 Registered No. B C 4071

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 116 S. Stockton St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Thomas

{Residence, if in Baltimore, Give Street and Number.} 116 S. Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Natural

DATE OF BIRTH: 1

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Jenkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Thomas

(Address) 116 S. Stockton

Filed 8/23 1907 HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21 1907

I HEREBY CERTIFY, That I attended deceased from 8/10 1907 to 8/20 1907

that I last saw h-r alive on 8/20 1907,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) T. B.

(DURATION) ..... DAYS

(Signed) W. Turner M.D.

Address 317 N. Carrollton Ave

Date Aug. 22 1907

Place of Burial Mt Auburn Cemetery

Date Aug 24 1907

Undertaker R. S. Gilliard

Address 506 Riggs Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — C 4072 — Registered No. B C 4072

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital Balto Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Smelee

{Residence, if in Baltimore, Give Street and Number.} 24 Hyde St

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/23 1907 HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 20 1907 that I saw h alive on Aug 20 1907 and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis
Hemorrhagic Cystitis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Walter D Stone M.D.

Address City Hospital

Date August 20 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Aug 23 1907

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10th — C 4073 — Registered No. B C 4073 ✓

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt City Jail St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Samuel Lee

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ~ 1

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not Known

BIRTHPLACE (State or country): (-

FULL NAME OF FATHER: (-

BIRTHPLACE OF FATHER (State or country): ((

MAIDEN NAME OF MOTHER: ((

BIRTHPLACE OF MOTHER (State or country): ((

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) B. S. Hayden

(Address) 1216 N. Caroline St

Filed 8/23 1907 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 7 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to — 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock from Hemorrhage accidentally fell on Circular Saw

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D. Coroner

Address 1216 N. Caroline St.

Date Aug. 21, 1907

Place of Burial JOHNS HOPKINS HOSPITAL AUG 22 1907

Date 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., Baltimore.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

189

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 4074 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Snowden

{ Residence, if in Baltimore, Give Street and Number. } Not Known

Duration of Residence in Baltimore Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Not Known

FULL NAME OF FATHER - -

BIRTHPLACE OF FATHER (State or country) - - - -

MAIDEN NAME OF MOTHER - - - -

BIRTHPLACE OF MOTHER (State or country) - - - -

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B.S. Hayden

(Address) 1216 N. Carolina St

Filed 8/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 9, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9 1907 to Aug 9 1907

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 216 N. Carolina St

Date Aug. 21 1907

Place of Burial JOHNS HOPKINS HOSPITAL AUG 22 1907

Date 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

Morgue

190

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 4075 — Registered No. B C 4075 V 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 N. Grove St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name John George Krauk

{Residence, if in Baltimore, Give Street and Number.} 119 N. Grove St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 24th 1907
AGE	..... years, 1 months, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Frederick Krauk
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Bertha Kaiser
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Krauk

(Address) 2927 Fait Ave.

Filed 8/23 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 15th 1907 to Aug. 22nd 1907 that I last saw him alive on Aug. 21st 1907, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 22 DAYS

Con tributory (Primary) Cholera Infantum

(DURATION) 22 DAYS

(Signed) W. H. Johnson M.D.

Address 2017 E. Balto. St

Date Aug. 22nd 1907

Place of Burial Mt Carmel Cem.

Date August 23rd 1907

Undertaker H. Gander & Sons

Address 710 Canton Ave

WM. J. C. DULANY CO., BALTI

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 4076

Registered No. B C 4076

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1252 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charlotte E. Schaefer

{Residence, if in Baltimore, Give Street and Number.} 1252 Columbia Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 25 1903

AGE ..... years, 3 months, 28 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Reinhart Schaefer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Falk

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reinhart Schaefer

(Address) 1252 Columbia ave.

Filed 8/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 21 1907 that I last saw her alive on Aug 21 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 6 DAYS

Contributory (Primary.) Asphyxia (DURATION) 1 DAYS

(Signed) Edw Krumpe M.D.

Address 51 Foote St.

Date Aug 22 1907

Place of Burial St. Paul Cemy. Essex.

Date Aug. 23 1907

Undertaker Ph. J. Dillon & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — C 4077 — Registered No. B C 4077

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 227 S. Mount ——— St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles F. Huse

{ Residence, if in Baltimore, Give Street and Number. } 227 S Mount St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Carl. Huse

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Katie Rupp

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 8/23 1907 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 27 1907 that I last saw h[im] alive on Aug 21 1907 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

since months (DURATION) DAYS

Contributory (Primary.) asthenia

ment (DURATION) DAYS

(Signed) Robt B. Bacon, M.D.

Address 1110 McCulloh St

Date Aug 22, 1907

Place of Burial Mount

Date Aug. 24th 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 C 4078 Registered No. B C 4078

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1626 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hazel Freeland

{Residence, if in Baltimore, Give Street and Number.} 1626 Bruce St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Col'd

DATE OF BIRTH 1906

AGE 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER J Faith Freeland

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Stella Brown

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stella Freeland

(Address) 1626 Bruce St

Filed 8/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 21 1907

that I last saw her alive on Aug 21 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 10 DAYS

Contributory (Primary.) Jaundice (DURATION) 1 DAYS

(Signed) T. E Daughaday M.D.

Address 2506 Pennsylvania Ave

Date Balto Aug 22 1907

Place of Burial Mt Auburn

Date Aug 23 1907

Undertaker Wm J. Johnson

Address 614 Baker st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 4079 C 4079

Ward V Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephan Sablevy

{ Residence, if in Baltimore, Give Street and Number. } # 727 S. Ann St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Daniel Sablevy

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Mary Kostek.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Sablevy

(Address) 727 S. Ann St

Filed 8/23 1907. HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 22 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18 1907 to Aug. 22 1907

that I last saw him alive on Aug 22 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Anne St

Date Aug. 22 1907

Place of Burial St Stanislaus

Date Friday Aug 23" 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

C 4080

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4080

City of Baltimore, (No. 2102 Wilkens Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas P. Sheehan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 30 (Day) 1906 (Year)

AGE: ..... years, 7 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thos P. Sheehan

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Jennie C. Copp

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos P. Sheehan

(Address) 2102 Wilkens Ave

Filed 8/23 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ~~Dec~~ Aug (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 22 1907 that I last saw h[illegible] alive on Aug 21 1907, and that death occurred, on the date stated above, at 6.00 P.M. The CAUSE OF DEATH was as follows:

Acute Gastro Intestinal Indigestion (DURATION) 4 DAYS

Contributory Poisoning (DURATION) 3 DAYS

(Signed) Howard Kelly M. D.

8/23 1907 (Address) 2027 Maryland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Aug 23 1907

UNDERTAKER: Jos B. Cook

ADDRESS: 1033 W. Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker or other person superintending the burial a certificate setting forth as far as the same

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B C 4081

C 4081

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 410. S. Washington St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Stanislaw Zakszewski

{Residence, if in Baltimore, Give Street and Number.} 410. S. Washington

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. B. Zakszewska

(Address) 410. S. Washington

Filed 8/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 22 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Aug. 20 1907

that I last saw h.. alive on Aug. 20 1907

and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of vital Centres.

(DURATION) DAYS

Contributory (Primary.) Lateral Sclerosis (DURATION) 13 weeks

(Signed) J. Josephson M.D.

Address 4 N. Broadway

Date Aug. 23 1907

Place of Burial Holy Rosary

Date Aug. 24. 1907

Undertaker Jack Fialkowski

Address 428 S. Bond Str

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 4082

Ward 5 C 4082 Registered No. B 125

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Rayner

{ Residence, if in Baltimore, Give Street and Number. } 152" East Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 64 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Brown

(Address) 156 Argyle Ave

Filed 8/23 1907 HARRY O. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21" 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 21 1907 that I last saw him alive on Aug 21 1907, and that death occurred, on the date stated above, at 1145 ~~A~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date Aug 1907

Place of Burial Mt Auburn

Date Aug 23 1907

Undertaker Wm J Jackson

Address 492 Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

C 4083

Ward 1 C 4083 Registered No. B 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Henning

{Residence, if in Baltimore, Give Street and Number.} 614 N. Chester St

Duration of Residence in Baltimore. 4 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH 1

AGE x years, 6 months, x days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Paul Henning

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Mast.

BIRTHPLACE OF MOTHER (State or country) in City.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Mast

(Address) 614 N. Chester.

Filed 8/23 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 22- 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 1/2 M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Aug 23 - 07 1907

Place of Burial Holy Redeemer

Date Aug 23 1907

Undertaker Wendell & Upfold Com

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 4084 Registered No. B C 4084

27V

CERTIFICATE OF DEATH.

(Place of Death.) No. 805 Harford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Sarah Murphy

{Residence, if in Baltimore, Give Street and Number.} 805 Harford Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Sept 27 — 1900

AGE 16 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto, Md.

FULL NAME OF FATHER Timothy A. Murphy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Kenneally

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Sullivan

(Address) 805 Harford Ave.

Filed 8/23 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Aug 21 1907

that I last saw h er alive on Aug 20 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis

8 mos. (DURATION) DAYS

(Signed) W. L. Tabb M.D.

Address 1202 E. Monument St.

Date Aug 22 1907

Place of Burial Cathedral Cemetery

Date Aug. 25, 1907

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4085

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4085

City of Baltimore, (No. 1159 Carroll St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 17 (Month) 1875 (Day) (Year)

AGE: 32 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm. T. Moore

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Charlotte E. Tarr

BIRTHPLACE OF MOTHER (State or country): Talbot Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm T. Moore

(Address) 1159 Carroll St.

Filed 8/23 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15th 1907 to Aug 21st 1907 that I last saw her alive on Aug. 21 1907, and that death occurred, on the date stated above, at 11-50 A. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 25 DAYS

Contributory Malaria

(DURATION) 6 DAYS

(Signed) H. F. Webner M. D.

Aug 22d 1907 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western | DATE OF BURIAL: Aug 24 1907

UNDERTAKER: H H Blizzard Co | ADDRESS: 1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 4086 Registered No. B C 4086

CERTIFICATE OF DEATH.

(Place of Death.) No. 745 W Mulberry St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Frisby.

{Residence, if in Baltimore, Give Street and Number.} 745 W Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Samuel Frisby

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Frisby

(Address) 745 W Mulberry St

Filed 8/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21st 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1906 to Aug 21st 1907

that I last saw him alive on Aug 19th 1907

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis Asthenia.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) John T. McCarey M.D.

Address 656 W Franklin St

Date Aug 21st 1907

Place of Burial Mt Auburn Cemetery

Date Aug 24 1907

Undertaker Geo A Hooper

Address 609 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

HEALTH DEPARTMENT, City of Baltimore.

C 4087

Ward ..... C 4087 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Redmacker

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 48 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country):	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Seaman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) .....

Filed 8/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Aug 22 1907 that I last saw h alive on Aug 22 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Hemorrhage

(DURATION) 1 DAY

Contributory (Primary.) Carcinoma of Pharynx

(DURATION) DAY

(Signed) Robt. P. Bay M.D.

Address Bay View Hosp.

Date Aug. 22 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 23 1907 190

Undertaker Wm. J. Wooden

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

197

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... C 4088 Registered No. B ..... C 4088

154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Hilda Kluge

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 75 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Seamstress	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 22. 1907

that I last saw h.. alive on Aug 22 1907;

and that death occurred, on the date stated above, at 12 30 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

..... (DURATION) 1 DAYS

Contributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay. M.D.

Address Bay View Hospital

Date Aug 22. 1907

Place of Burial Druid Hill Park Cemetery

Date August 24 1907

Undertaker Wm A Rohde & Son

Address 730 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. BC 4089

C 4089

CERTIFICATE OF DEATH.

(Place of Death.) No. 911 N Fremont Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Infant ~~James~~ Bates

Full Name Florence Bates

{Residence, if in Baltimore, Give Street and Number.} 911 N Fremont Ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug 22 1907

AGE 11 Hours. ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Bates

BIRTHPLACE OF FATHER (State or country) New Jersey.

MAIDEN NAME OF MOTHER Florence Emmings

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Bates

(Address) 911 N Freemont Ave

Filed 8/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augst 23 1907

I HEREBY CERTIFY, That I attended deceased from Aug't 22 1907 to Augst 23 1907

that I last saw her alive on Augst 22 1907

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 12 hours

Contributory (Primary.) Premature Birth (DURATION) DAYS

(Signed) John E Hough M.D.

Address 647 W Lombard Ave

Date Augst 23 1907

Place of Burial St Peters

Date Aug 24 1907

Undertaker JOHN E. HOUGH CO

Address 1422 Penna. Ave., Baltimore, Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 4090 — Registered No. B C 4090

106

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Hewitt,

{ Residence, if in Baltimore, Give Street and Number. } 1600 Latrobe St.,

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 16 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George W. Hewitt

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hannah Fisher

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Rieley

(Address) 1600 Latrobe St.

Filed 8/23 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 22 1907

I HEREBY CERTIFY, That I attended deceased from August 21 1907 to Aug. 22 1907

that I last saw h er alive on Aug 22 1907

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Leprosy

18 hrs. (DURATION) DAYS

Contributory (Primary) Intestinal Obstruction (DURATION) — DAYS

(Signed) John F. Moore M.D.

Address St. Josephs Hospital

Date Aug 22, 1907 190

Place of Burial Falston Harford Co Md

Date August 25 190 7

Undertaker P. A. Gallicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 C 4091 *Registered No. B* C 4091

CERTIFICATE OF DEATH.

(Place of Death.) *No.* St Elizabeth's Home *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Snow

{Residence, if in Baltimore, Give Street and Number.} Unknown. waif -

Duration of Residence in Baltimore. In Home since Aug 5

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Black

DATE OF BIRTH: Unknown 1

AGE: About 6 mos — ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/23" 1907 HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 - 1907 to Aug 22 1907 that I last saw h.. alive on Aug 22 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

..... (DURATION) 14 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Standish McAleer M.D.

Address 1609 Linden Ave

Date Aug - 23 1907

Place of Burial Cathedral Cemetery

Date August 24 1907.

Undertaker Felix B. Pyle

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 4092 — Registered No. B C 4092 / 165

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~1116~~ 320 N Holliday St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vaclav Linhardt

{Residence, if in Baltimore, Give Street and Number.} 1016 N Castleton

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): - - - -

MAIDEN NAME OF MOTHER: - - - -

BIRTHPLACE OF MOTHER (State or country): - - - -

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aldrich Linhardt

(Address) 1016 N. Castleton

Filed 8/23 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21, 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 5.00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

Accidental Fall

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Thompson M.D.

Address 2161 N. Carrollton Ave

Date Aug 22. 1907

Place of Burial Oak Hill

Date Aug. 24 1907

Undertaker Frank Quack

Address 1904 Collard Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — C 4093 — Registered No. B C 4093 / 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 Knox Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane O'Neal

{ Residence, if in Baltimore, Give Street and Number. } 217 Knox Alley

Duration of Residence in Baltimore. About 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary O'Neal

(Address) 217 Knox Alley

8/23 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 20 1907 that I last saw h— alive on Aug 20 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

14 days (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) H. H. Roberts M.D.

Address University Hosp.

Date Aug 21st 1907

Place of Burial St Peters Cem.

Date Aug 24 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C 4094

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4094

City of Baltimore, (No. 823 N. Arlington Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Davis.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. | COLOR White.

DATE OF BIRTH Not given. 1 (Month) (Day) Year)

AGE Bet 52 and 53 years. years, months, days

SINGLE, ~~MARRIED~~, WI~~DOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore. Md.

FULL NAME OF FATHER John C Davis.

BIRTHPLACE OF FATHER (State or country) Not given.

MAIDEN NAME OF MOTHER Rachel Sheridan.

BIRTHPLACE OF MOTHER (State or couutry) Not given.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella L Sheridan

(Address) Bel Air. Harford Co. Md

Filed 8/24 190 " HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22nd 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 2nd 1907 to August 22nd 1907 that I last saw h at alive on August 21st 1907, and that death occurred, on the date stated above, at 2 20th. The CAUSE OF DEATH was as follows:

Hemiplegia of left side and Bright's disease of Kidneys

(DURATION) 174 DAYS

Contributory Bright's Kidneys.

(DURATION) 174 DAYS

(Signed) John L Stuart M. D.

Aug 22nd 1907 (Address) 662 W Lex St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Olivet Cemy. DATE OF BURIAL Aug. 24 1907

UNDERTAKER E. W. Mitchell ADDRESS 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 C 4095 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 W 22nd St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Underwood R Williams

{ Residence, if in Baltimore, Give Street and Number. } 115 W. 22nd St

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 10 1840

AGE 67 years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Somerset Co. Md

FULL NAME OF FATHER James Kelly

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Tilithia Williams

BIRTHPLACE OF MOTHER (State or country) Md —

OCCUPATION OF DECEASED Oyster Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. R. Williams

(Address) 115 W. 22. St.,

Filed 8/24" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21st 1907

I HEREBY CERTIFY, That I attended deceased from 16th Aug 1907 to 21st Aug 1907 that I last saw h— alive on Aug 21st 1907, and that death occurred, on the date stated above, at 11.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Contributory (Primary) Chronic Nephritis (DURATION) about 9 DAYS

(DURATION) 180 DAYS

(Signed) W. D. Reynolds M.D.

Address 509 N Charles St

Date Aug 22nd 1907

Place of Burial London Park

Date August 24 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — C 4096 — Registered No. B C 4096

CERTIFICATE OF DEATH.

(Place of Death.) No. 2730 N. Charles — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Justus Stehl

{Residence, if in Baltimore, Give Street and Number.} 2730 N. Charles St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 13, 1827

AGE: 80 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Bernhard Stehl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Flach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. A. Stehl

(Address) 29 W. Northave

Filed 8/24 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Aug 22 1907

that I last saw him alive on Aug 22 1907,

and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Inst. Nephritis

6 Months (DURATION) DAYS

Contributory (Primary.) Enlarged Prostate (DURATION) 2 Months DAYS

(Signed) Arthur Freyhofer M.D.

Address 2031 Eutaw Place

Date Aug 23, 1907 190

Place of Burial Green Mount

Date Aug 24—, 1907

Undertaker E. M. Mitchell

Address 1201 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 · C 4097 Registered No. B C 4097

CERTIFICATE OF DEATH.

165

(Place of Death.) No. 320 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ulyette Jordan

{Residence, if in Baltimore, Give Street and Number.} 320 S. Dallas st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	1
AGE	....years, 11 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	John B. Jordan
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Maggie Lurz
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Jordan

(Address) 320 S. Dallas St

Filed 8/24 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 23" 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 23 1907 that I last saw h[er] alive on Aug 23 1907, and that death occurred, on the date stated above, at 2.30

M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 3 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) Geo. Fuller M.D.

Address 1937 Gough St

Date Aug 23, 1907

Place of Burial St. Paul's

Date Aug. 24" 1907

Undertaker Kendall Lipsel Co.

Address 830 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — C 4098 — Registered No. B C 4098

CERTIFICATE OF DEATH.

(Place of Death.) No. 1830 Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Llewett Heine

{Residence, if in Baltimore, Give Street and Number.} 1830 Bethel

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 26th 1906

AGE: — years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jacob Heine

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Emma Sauerbaugh

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Heine

(Address) 1724 Bethel

Filed 8/24 1907 — HARRY J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12th 1907 to Aug 24th 1907

that I last saw him alive on Aug 23rd 1907,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia Paralysis

(DURATION) 3 DAYS

Contributory (Primary.) Ulcerative Colitis

(DURATION) 12 DAYS

(Signed) Albert S. Fitzgerald M.D.

Address 1503 E. North Ave.

Date 8/24 1907

Place of Burial Western Cemetery

Date Aug 26th 1907

Undertaker Geo Weber

Address 1155 N. Carey St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, cause and date of death, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th — C 4099 — Registered No. B C 4099

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 801 Scott St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Algert

{Residence, if in Baltimore, Give Street and Number.} 801 Scott st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 4 1906
AGE	years, 1 month, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Frederick Algert
BIRTHPLACE OF FATHER (State or country)	Balto, Md
MAIDEN NAME OF MOTHER	M. Wachter
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Algert

(Address) 801 Scott St

Filed 8/24 1907 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 23 1907

that I last saw him alive on Aug 23 1907

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

4 weeks (DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) J. E. Mues M.D.

Address 155 Columbia

Date Aug 23 1907

Place of Burial St. Peters Cemetery

Date Aug. 24 1907

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 4100 — Registered No. B C 4100

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1029 Watercat St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Harry C Bowie

{Residence, if in Baltimore, Give Street and Number.} 1029 Wincott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: May 5th 1907

AGE: ....years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Harry Bowie

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Carrie Addison

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Bowie

(Address) 1029 Watercat St

Filed 8/24 1907 — Registrar

[illegible] PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 23 rd 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio-Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) .... DAYS

(Signed) Lilian V Barnum M.D.

Address 708 Lanvale Ave. (City)

Date Aug- 23 1907

Place of Burial Mt Auburn Cem

Date Aug 24th 1907

Undertaker Sam'l H. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — C 4101 — Registered No. B C 4101 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 50 East West Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edith Virginia Davis

{Residence, if in Baltimore, Give Street and Number.} 1041 Maldeis Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH February 23 1907.

AGE — years, 6. months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER John L. Davis

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Emma J. White

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John L. Davis

(Address) 1041 Maldeis St

Filed 8/24 1907 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6th 1907 to Aug 23rd 1907

that I last saw her alive on Aug 22nd 1907,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Spinal Meningitis

(DURATION) 1 1/2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) T. H. Downes M.D.

Address 340 Schaefer

Date Aug 23rd 1907

Place of Burial Mt. Olivet Cem.

Date Aug 24 1907

Undertaker Daniels and W. G. Hyson

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 ~~7th~~ C 4102 Registered No. B C 4102 171

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Hanbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Cadden

{Residence, if in Baltimore, Give Street and Number.} 1112 Hanbert St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 22 Aug 1906

AGE 1 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michael Cadden

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Dunlevy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary ~~Mrs~~ Cadden mother

(Address) 1112 Hanbert St

Filed 8/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23 Aug 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Aug 22 1907

that I last saw him alive on Aug 22 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

~~Acute Bronchitis~~ Six months (DURATION) DAYS

Contributory (Primary) Bronchitis (DURATION) DAYS

(Signed) James Cooper M.D.

Address 1322 Hanover St

Date 23 Aug 1907

Place of Burial Holy Cross Cem

Date Aug 24 1907

Undertaker David Aug M. & G. Flynn

Address 42 East Wet St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 C 4103 Registered No. B C 4103

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Ginsberg

{Residence, if in Baltimore, Give Street and Number.} Queenstown Md

Duration of Residence in Baltimore. 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Queenstown Md

FULL NAME OF FATHER Morris Ginsberg

BIRTHPLACE OF FATHER (State or country) Queenstown Md

MAIDEN NAME OF MOTHER Germany

BIRTHPLACE OF MOTHER (State or country) Germany Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Ginsberg

(Address) Queenstown Md

Filed 8/24 1907

SAINT C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 13 1907

I HEREBY CERTIFY, That I attended deceased from August 17 1907 to August 13 1907 that I last saw him alive on August 13 1907 and that death occurred, on the date stated above, at 10.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Osteo myelitis

about (DURATION) 12 DAYS

Contributory (Primary.) Pleuritis

Pleuro (DURATION) — DAYS

(Signed) Walter D. Thiel M.D.

Address City Hospital

Date August 13 1907

Place of Burial Hebrew Friendship

Date August 25 1907

Undertaker Lord & Sondheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24th

C 4104 Registered No. B C 4104

CERTIFICATE OF DEATH.

63

Place of Death.) No. 55, Main "Pier" 9 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katarina Gorr

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. Immigrant

PERSONAL AND STATISTICAL PARTICULARS

SEX	Fem.
COLOR	white
DATE OF BIRTH	1
AGE	58 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widower
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	not known
BIRTHPLACE OF FATHER (State or country)	not known
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	not known
OCCUPATION OF DECEASED	Immigrant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher u. Comp.

(Address) 6 South Gay Street

Filed 8/24/ 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 23rd of August 7.50 p.m. 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1907 to Aug 23th 1907 that I last saw her alive on Aug 23th 1907, and that death occurred, on the date stated above, at 7.50 p.m.

11. CAUSE OF DEATH (Secondary or Immediate)

Pulebitis and Thrombosis

(DURATION) 14 DAYS

Con ributory (Primary.)

(DURATION) DAYS

(Signed) Dr. Hans Wiemier M.D.

Address 55. "Main"

Date 24th of August 1907

Place of Burial 1st Evangelical Lem.

Date August 24th 1907

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 4105

Registered No. B C 4105

CERTIFICATE OF DEATH.

(Place of Death.) No. 869 Rheinhart St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Ferguson

{Residence, if in Baltimore, Give Street and Number.} 869 Rheinhart St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Andrew V. Ferguson

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Mary Minton

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Andrew V. Ferguson

(Address) 869 Rheinhart St.

Filed 8/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 22, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 22, 1907 to Aug. 22, 1907 that I last saw h~~im~~ alive on Aug. 22 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 7 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. B. Lumpkin M.D.

Address 1653 Columbia Ave.

Date Aug. 23, 1907

Place of Burial St Peters Cemetery

Date aug 24th 1907

Undertaker John T. Howard

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4106

23

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B C.4106

City of Baltimore, (No. 1134, Hanover St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Holmes Larmon

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: White

DATE OF BIRTH: Feb (Month) 7 (Day) 1904 (Year)

AGE: 3 years, 6 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm H. Larmon

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Annie Moon

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Guarmen S. Larmon

(Address) 1719 Bell Ave

Filed 8/24 1907

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: AUG 22 1907 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 22 1907 that I last saw him alive on Aug 22 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pneumonia. (Lobar)

(DURATION) 6 DAYS

Contributory Heart failure.

(DURATION) 1 DAYS

(Signed) J. Wesley Cole, M. D.

Aug 23 1907 (Address) 735 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Aug 24th 1907

UNDERTAKER: E Schlosman & Son — ADDRESS: 729 Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 4107 Registered No. B C 4107

CERTIFICATE OF DEATH.

(Place of Death.) No. 3312 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Rauh E. Loats

{Residence, if in Baltimore, Give Street and Number.} 3312 Cedar Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH Aug 7 1907

AGE — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Harry Loats

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER E Keller

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Loats

(Address) 3312 Cedar ave

Filed 8/24/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23d 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 23 1907

that I last saw h im alive on Aug 23d 190.....,

and that death occurred, on the date stated above, at 11.40 M. CAUSE OF DEATH (Secondary or Immediate)

Thrush Sclerema neonatorum

Collapse

(DURATION) life DAYS

Contributory (Primary) Weak from birth

+ Bottle fed (DURATION) DAYS

(Signed) Wm H Feddeman M.D.

Address 808 1st Ave

Date Aug 23d 1907

Place of Burial St Marys Romp

Date Aug 24 1907

Undertaker Chenoweth & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, **sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

C 4108

Registered No. B C 4108

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 2419 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie A. Dobbins

{ Residence, if in Baltimore, Give Street and Number. } 2419 Mc Elderry St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 2nd 1864

AGE: 43 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: August Dobbins

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Lesalie Lewis

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Dobbins

(Address) 2419 Mc Elderry St

Filed 8/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 23rd 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Aug 23rd 1907

that I last saw her alive on Aug 23rd 1907, 1.05

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Albertus Cotton M.D.

Address 1828 E. Balto St.

Date Aug 24th 1907

Place of Burial Trinity Cem.

Date 8/26/07 1907

Undertaker J Herring & Son

Address 900 E Oliver St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 4109 Registered No. B C 4109

CERTIFICATE OF DEATH.

33

(Place of Death.) No. 634 Clinton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter A. Pepsler

{Residence, if in Baltimore, Give Street and Number.} 634 Clinton Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX —Male—

COLOR White

DATE OF BIRTH —April 1874

AGE 33 years, ... month's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Pepsler

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Barbara Beaverhaus

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Trunk Makers

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth K Pepsler

(Address) 634. Clinton Ave

Filed 8/24 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Aug 22 1907 that I last saw h~~im~~ alive on Aug 22 1907 and that death occurred, on the date stated above, at 8.25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Kidney and Bladder

(DURATION) DAYS

Con'tributory (Primary.) Tuberculosis of Kidney

(DURATION) DAYS

(Signed) Jno. G. Strifler M.D.

Address 901 Wyoth Ave

Date Aug 23 1907

Place of Burial Holy Redeemer

Date Aug 26 1907

Undertaker Wm. M. Gaverthorp

Address North & Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 4110 Registered No. B C 4110

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1913 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Heine

{ Residence, if in Baltimore, Give Street and Number. } 516 W Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Oct 31 1906
AGE	— years, 4 months, 23 days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	August Heine
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Emma Frederick
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aug Heine

(Address) 516 W Biddle St

Filed 8/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 23 1907 that I last saw h~~im~~ alive on Aug 23 1907, and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) one DAYS

Contributory (Primary.) Entero Colitis

(DURATION) 5 DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins St.

Date Aug 24 1907

Place of Burial Loudon Park

Date Aug 27 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Ward 22

HEALTH DEPARTMENT, City of Baltimore.

C 4111 Registered No. B C 4111

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 19 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Maria Dangilo.

{Residence, if in Baltimore, Give Street and Number.} 19 W Barre St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: June 14th 1906

AGE: 1 years, 2 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Giochino Dangilo.

BIRTHPLACE OF FATHER (State or country): Italy.

MAIDEN NAME OF MOTHER: Mary Dantoni.

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Dangilo.

(Address) 19 W. Barre St.

Filed 8/24/7 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~8~~ 8-23 1907

I HEREBY CERTIFY, That I attended deceased from 8-23 1907 to 8-23 1907

that I last saw him alive on 8-23 1907,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure.

(DURATION) ~~hrs~~ DAYS

Contributory (Primary.) Capillary Bronchitis (DURATION) 1 DAYS

(Signed) S. Demarco M.D.

Address 1604 Linden Ave

Date 8-24-1907

Place of Burial St. Vincents Cem.

Date Aug-25- 1907

Undertaker M. Doyle & Son.

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 4112 Registered No. B C 4112 166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mount Vernon Mills St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Wolfe

{Residence, if in Baltimore, Give Street and Number.} 2916 Bernard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Employee of Cotton Mill

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Gibbons

(Address) 2916 Bernard St

Filed 8/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23 1907

I HEREBY CERTIFY, That I attended deceased from ...1907 to ...1907

that I last saw h... alive on ...1907

and that death occurred, on the date stated above, at 4 10 M. CAUSE OF DEATH (Secondary or Immediate.)

Shock and hemorrhage, due to accident in Cotton mill machine

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Lewis Levellaer M.D.

Address 1815 N. Charles

Date Aug 24 1907

Place of Burial Middletown Frad Co Md

Date Aug 24 1907

Undertaker Armstrong & Deny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 4113 — Registered No. B C 4113

CERTIFICATE OF DEATH.

91 ✓

(Place of Death.) No. 218 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr. James Willcain Boyle

{Residence, if in Baltimore, Give Street and Number.} 218 E. Eager St

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Oct 20th 1835

AGE: 71 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bermuda West Indies

FULL NAME OF FATHER: James Willcain Tudor Boyle

BIRTHPLACE OF FATHER (State or country): Bermuda West Indies

MAIDEN NAME OF MOTHER: Dickinson

BIRTHPLACE OF MOTHER (State or country): Bermuda West Indies

OCCUPATION OF DECEASED: Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Hough Cottman

(Address)

Filed 8/27/07 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 24 1907 that I last saw h[illegible] alive on Aug 24 1907, and that death occurred, on the date stated above, at [illegible]

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis (Chronic)
Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Crain Sprouse M.D.

Address 1002 Cathedral St

Date Aug 24 1907

Place of Burial Greenmount

Date August 25th 1907

Undertaker Helfenstein & Son Co

Address 2002 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 4114 *Registered No. B* C 4114

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 707 S Dallas *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Barozjak

Residence, if in Baltimore, Give Street and Number. 707 S. Dallas St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jacat Barcziak.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Kallie Caja.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacot Barcziak.

(Address) 707 S. Dallas St

Filed 8/24/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 24th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1907 to Aug 24 1907 that I last saw her alive on Aug 23 1907, and that death occurred, on the date stated above, at 7.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia (DURATION) 4 DAYS

Contributory (Primary.) Diphtheria

Fibroid Deg. Nephritis (DURATION) DAYS

(Signed) C. N. Athey M.D.

Address 2 Hudson & Eutaw

Date Aug. 24th 1907

Place of Burial St Stanislaus.

Date Sunday Aug 25th 1907

Undertaker W. F. Sadowski.

Address 703 S. Anna St

8 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4115

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4115

City of Baltimore, (No. 1047 W. Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria J. Padgett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. (Month) 15 (Day) 1824 (Year)

AGE: 82 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): St Marys Co. Md.

FULL NAME OF FATHER: John D Hurry

BIRTHPLACE OF FATHER (State or country): Chas. Co. Md.

MAIDEN NAME OF MOTHER: Emily Mattingly

BIRTHPLACE OF MOTHER (State or country): Chas. Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary H. Padgett

(Address) 1047 W. Lanvale St.

Filed 8/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to August 23 1907 that I last saw h[illegible] alive on Aug. 23 1907, and that death occurred, on the date stated above, at 11.30 a. m. The CAUSE OF DEATH was as follows:

Hemorrhage from mouth

(DURATION) — DAYS

Contributory Arterio-sclerosis +

Myocarditis — (DURATION) DAYS

(Signed) Jos. H. Hartman M. D.

August 23 1907 (Address) 1003 W. Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 26 1907

UNDERTAKER: Edw. Mitchell — ADDRESS: 1201 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. B C 4116

C 4116

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Viskocil

{Residence, if in Baltimore, Give Street and Number.} At Unist. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: June 19 1907

AGE: ... years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Viskocil

(Address) 1414 Cookson Ave

Filed 8/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8/23 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Aug 23 1907

that I last saw h[illegible] alive on Aug 22 1907,

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Kayward M.D.

Address 1230 N Carrollton

Date 8/23 1907

Place of Burial Pakdill

Date Aug. 26 1907

Undertaker Frank Brach

Address 1914 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the the duty of the Physician who attended during his or her last sickness, or the Coroner, when the c notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending t setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether marri deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 4117 Registered No. B C 4117

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Luckert, (LECHERT)

{ Residence, if in Baltimore, Give Street and Number. } 415 S Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 1 1906
AGE	1 years, — months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Valenty Lechert
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Agnes Godeck
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valenty Luckert

(Address) 415 S. Bond St

Filed 8/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 23 1907

that I last saw him alive on Aug 22 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 9 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) E. L. Blades M.D.

Address 1143-N. Eden

Date Aug 23 1907

Place of Burial Holy Rosary

Date Aug 24 1907

Undertaker Jacob Fialkowski

Address 438 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 C 4118 Registered No. B C 4118

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frank Patro

{ Residence, if in Baltimore, Give Street and Number. } # 620 S. Dallas St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	1 years, 1 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	John Patro
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Rosa Chmielewska
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Patro

(Address) 620 S. Bethel

Filed 8/24 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 23 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 23 1907 that I last saw him alive on Aug 22 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Alice Ann St.

Date Aug. 23. 1907.

Place of Burial Holy Rosary

Date Aug 27 1907

Undertaker Jacob Frankowski

Address 728 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 C 4119 Registered No. B C 4119

CERTIFICATE OF DEATH.

(Place of Death.) No. 338 Roland Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name May D Foster

{ Residence, if in Baltimore, Give Street and Number. } 338 Roland Ave

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 338 Roland Ave

FULL NAME OF FATHER: Jacob M Foster

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Dora Mary Dixon

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: In Fant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob M Foster

(Address) 338 Roland Ave

Filed 8/24 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Aug 23 1907

that I last saw h[illegible] alive on Aug 23 1907,

and that death occurred, on the date stated above, at 7.3[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis
(Inanition)

(DURATION) [illegible]

Contributory (Primary) Enteritis Colitis (DURATION) 8 weeks

(Signed) H Calvert M.D.

Address 340 Roland Ave

Date Aug 24 1907

Place of Burial Woodlawn

Date Aug 25 1907

Undertaker W. J. Brooks

Address Philadelphia PO Balto Co Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 4120 — Registered No. B C 4120

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 748 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. W. Wilson

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Lewis Wilson~~ Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Preacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother Warner Wilson

(Address) 748 Sarahann St.

Filed 8/24 190 — HARRY C. J. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 22 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 to Aug 22 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis, Entire bod 2 mos.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lehrbach coroner M.D.

Address 711 W. Lanvale

Date Aug 22 1907

Place of Burial Laurel

Date August 24 1907

Undertaker P. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

C 4121

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47 L

CERTIFICATE OF DEATH.

C 4121

Registered No. B .....

City of Baltimore, (No. 504, W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Do Known

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Minity Keighley

BIRTHPLACE OF MOTHER (State or country) Do Known

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne R Smith

(Address) 504 W Preston St

Filed 8/24" 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Aug 24th 1907

that I last saw h him alive on Aug 21st 1907,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Mitral insufficiency due to rheumatic endocarditis - Lost compensation and general dropsy - (DURATION) 90 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Chas. J. Keller M. D.

Aug 24 1907 (Address) 224 Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Auburn — DATE OF BURIAL Aug 27 1907

UNDERTAKER Alex Hornsby — ADDRESS 567 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C. 4122 Registered No. B C 4122

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jenkins Barber

{Residence, if in Baltimore, Give Street and Number.} #16 Dillin Stuet

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: De Knew

BIRTHPLACE OF FATHER (State or country): Johnson

MAIDEN NAME OF MOTHER: Angelina

BIRTHPLACE OF MOTHER (State or country): Johnson

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adriana Barber

(Address) 416 Dillian st

Filed 8/24 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 22" 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 22 1907 that I last saw her alive on Aug 22 1907, and that death occurred, on the date stated above, at 11.35 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pericarditis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date August 23 1907

Place of Burial Asbury Cemetery

Date Aug 24 1907

Undertaker Alf Hawkins

Address 578 W Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 C 4123 Registered No. B C 4123

V 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose Di Mattes

{ Residence, if in Baltimore, Give Street and Number. } 704 N. Castle st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX: female	COLOR: white
DATE OF BIRTH: May 11th 1907	
AGE: — years, 3 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto city
FULL NAME OF FATHER	Adam Di Mattes
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	Anita Simanzy
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Di Mattes

(Address) 704 N. Castle st.

Filed 8/24" 1907 HARRY C. ANDR... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23d 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Aug 23 1907 that I last saw h.. alive on Aug 23 1907, and that death occurred, on the date stated above, at 10 35 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Enteris - Colitis

(DURATION) 23 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Edw. M. Tongue M.D.

Address 5 N Washington St

Date August 25th 1907

Place of Burial Holy Redeemer Cem.

Date August 25th 1907

Undertaker Germanus France

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 4124 — Registered No. B C 4124

60

CERTIFICATE OF DEATH.

(Place of Death.) No. 142 North Rowrood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Ricks)

Full Name Mary E. Ricks

{ Residence, if in Baltimore, Give Street and Number. } 142 North Rowrood Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 23 1907

AGE one years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Harry A. Ricks

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Ida B. Hammer

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Ricks

(Address) 142 N. Rowrood Ave

Filed 8/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 23 1907 that I last saw him alive on Aug 22 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inflammation of Brain

Fro weeks (DURATION) — DAYS

Contributory (Primary.) Influenza (DURATION) — DAYS

(Signed) J. Boultiee M.D.

Address 1129 W. Fath ave

Date Aug 25 1907

Place of Burial Loudon Park Cem.

Date August 25 1907

Undertaker Germanus Trance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***cause and date of death*** of the person deceased, and the

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 4125 — Registered No. B C 4125

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Battery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name daughter of Jas & Nellie Martin

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Lived one hour

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH ~~July~~ Aug. 24 or 1907

AGE ~~8~~ 1 hour ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~M~~ Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Joseph Martin

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Nellie Morris

BIRTHPLACE OF MOTHER (State or country) ~~Balto~~ Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Martin Father

(Address) 1126 Battery Ave

Filed 8/24" 1907 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 1.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth & Asphyxiation.

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) L. N. Feldstein M.D. Coroner

Address 711 N. Lanvale

Date Aug 27th 1907

Place of Burial Balto Cem

Date Aug 27th 1907

Undertaker E Harle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — C 4126 — Registered No. B C 4126

CERTIFICATE OF DEATH.

1382

(Place of Death.) No. 1126 Battery ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie Martin

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH May — 1884

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balt Md.

FULL NAME OF FATHER Elijah Martin

BIRTHPLACE OF FATHER (State or country) Balt Md

MAIDEN NAME OF MOTHER Tuluka Taylor.

BIRTHPLACE OF MOTHER (State or country) Mexico.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Martin

(Address) 1126 Battery Ave

Filed 8/24" 190.. HARRY C. ANDR Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 24 1907

that I last saw h alive on Aug 20 1907,

and that death occurred, on the date stated above, at 1230 a m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia following Confinement.
7 mos. pregnancy.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Zeltsch Coron M.D.

Address 711 W. Lanvale

Date Aug 24. 07 1907

Place of Burial Balto Cem

Date Aug. 27 1907

Undertaker E Hasle

Address 115 E Hoffman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4127

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4127

City of Baltimore, (No. 1213, N. Regester St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Eredeke

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	August 21, 1902 (Month) (Day) (Year)
AGE	..... years, ... months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Aloysius Eredeke
BIRTHPLACE OF FATHER (State or country)	Baltimore, city
MAIDEN NAME OF MOTHER	Elizabeth Hefner
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aloysius Eredeke

(Address) 1213 N. Regester St

Filed 8/24" 1907 HARRY C. ANDREW Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1907 to Aug 24 1907 that I last saw her alive on Aug 24, 1907, and that death occurred, on the date stated above, at 1.15 P. M. The CAUSE OF DEATH was as follows:

Congenital debility

(DURATION) 4 DAYS

Contributory Premature birth

(DURATION) 4 DAYS

(Signed) A. A. Clewell, M. D.

Aug. 24 1907 (Address) 1741 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 25 1907
UNDERTAKER	ADDRESS
Henry Hoeck & Son	1301 E. Eager

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4128

4

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B C 4128

City of Baltimore, (No. 231, Myrtle Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Goldsborough

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) Year)

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Robson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rosa Little

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 231 Myrtle Ave

Filed 8/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 23 1907 that I last saw her alive on Aug 23 1907, and that death occurred, on the date stated above, at 11.00 a. m. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy. (DURATION) 1 DAYS

Contributory Pneumonia (DURATION) 1 DAYS

(Signed) Geo. H. Lauenbach M.D.

Aug 23rd 1907 (Address) 635 Woodlawn Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: August 26 1907

UNDERTAKER: W H Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 4129 — Registered No. B C 4129 / 36

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Jones

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf. Asy.

Duration of Residence in Baltimore. Fifteen

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: Aug. 9th 1907	
AGE: — years, — months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 8/24" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Aug 23 1907 that I last saw h[illegible] alive on Aug 22 1907, and that death occurred, on the date stated above, at 1 a M. CAUSE OF DEATH (Secondary or Immediate.)

Syphilis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) E H. Kearney M.D.

Address 1230 N Caroline

Date 8/25 1907

Place of Burial New Cathedral

Date 1907

Undertaker Martin Fahey's Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4130

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8r

CERTIFICATE OF DEATH.

Registered No. B C 4130

City of Baltimore, (No. 832 S. Milton Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Gallagher.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	White.
DATE OF BIRTH	Sept. 17 1904 (Month) (Day) (Year)
AGE	2 years, 11 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John T. Gallagher
BIRTHPLACE OF FATHER (State or country)	Baltimore.
MAIDEN NAME OF MOTHER	Katherine Gorey.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. J. Wrablewski.

(Address) 832 S Milton ave

Filed 8/20 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 23 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Aug 23 1907

that I last saw h-r alive on Aug 23 1907

and that death occurred, on the date stated above, at 6 40 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory Pertussis 7 wks.

(DURATION) 8 DAYS

(Signed) Eugene F. Cordell M. D.

Aug 24 1907 (Address) J. H. H. Dis p.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem	Aug 25th 1907
UNDERTAKER	ADDRESS
Jno. A. Logan	Bank & Paca

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

14

C 4131

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

69

CERTIFICATE OF DEATH.

C 4131

Registered No. B .....

City of Baltimore, (No. 2100 Druidhill Ave St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Stern

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Solomon Stern

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ida Offenheim

BIRTHPLACE OF MOTHER (State or country): Wash DC

OCCUPATION OF DECEASED: (—)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Stern

(Address) 2100 Druidhill Ave

Filed 8/25 1907

HARRY C. ANDREWS
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 23rd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Friday Aug 23 1907 to Aug 24 1907 that I last saw h.. alive on Aug 23 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Hysteria Epilepsy (?) Apoplexy (?)

Intracranial Hemorrhage

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) E W Cullan M. D.

August 24 1907 (Address) 1908 Mortimer

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	Aug 26 1907
UNDERTAKER	ADDRESS
Harris & Southerin	923 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 4132 Registered No. B C 4132

CERTIFICATE OF DEATH. 151

(Place of Death.) No. 416 S. Monroe st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Linda Gertrude Reecampfer

{ Residence, if in Baltimore, Give Street and Number. } 416 S. Monroe st.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 28th 1907

AGE 0 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Wm. H. Reecampfer

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary M. Thiele

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Reecampfer

(Address) 416 S. Monroe St

Filed 8/25" 1907 HARRY [illegible] Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 15th 1907 to Aug 23rd 1907 that I last saw her alive on Aug 23rd 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) Inanition

(DURATION) 37 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st.

Date Aug 23rd 1907

Place of Burial Loudon Park.

Date Aug. 25th 1907

Undertaker William H. Higdon

Address 851 Linden ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

15

C 4133

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1907

CERTIFICATE OF DEATH.

Registered No. B C 4133

City of Baltimore. (No. 808 Clifton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Reason B Simpson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Reason Simpson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sarah Rickard

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Retired Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Marshall Simpson

(Address) 909 Florence St

Filed 8/25" 1907

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 23 1907 that I last saw him alive on Aug 23 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Dyspleuamonia of
The Intestines
Mitral Stenosis & Weak Heart

(DURATION) 8 DAYS

Contributory Heart Depression

(DURATION) DAYS

(Signed) E. Miles Wheeler M. D.

190 (Address) 2179 W Mar

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Greenlawn — DATE OF BURIAL Aug 27 1907

UNDERTAKER John E Haughey — ADDRESS 1422 Pacan

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4134

12

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

28 v

CERTIFICATE OF DEATH.

Registered No. BC 4134

City of Baltimore, (No. 139 E Northam St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Leighman Hollyday

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER ~~unknown~~ Unknown

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Corny Hollyday

(Address) 139 E Northam St.

Filed 8/25" 1907 HARRY C. ANDR... Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 21st 1907 to August 24 1907

that I last saw h alive on July 23 1907,

and that death occurred, on the date stated above, at 1 M. The CAUSE OF DEATH was as follows:

Arthritis Deformans

8 months (DURATION) ..... DAYS

Contributory asthenia

..... (DURATION) 3 DAYS

(Signed) A. O. Truman M. D.

aug 24 1907 (Address) 668 Columbia Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? 1

PLACE OF BURIAL OR REMOVAL Loudon Pk. DATE OF BURIAL Aug 26 1907

UNDERTAKER John E Hughes ADDRESS City

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4135

16

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106

CERTIFICATE OF DEATH.

Registered No. B C 4135

City of Baltimore, (No. 1310 W. Lafayette Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herman M. Sindall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apl 24 1824 (Month) (Day) (Year)

AGE: 83 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: J. D. Sindall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maria Blupford

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Retired Policeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miriam Sindall

(Address) 1310 W. Lafayette Ave

Filed Aug 25 1907

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 19th 1907 to Aug. 23rd 1907 that I last saw him alive on Aug 23rd 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Senile Debility.

(DURATION) — DAYS

Contributory Acute gastro-enteritis

(DURATION) 5 DAYS

(Signed) Hubin F. Freeman M. D.

Aug 23 1907 (Address) 1304 W. Lafayette Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Woodlawn — DATE OF BURIAL: Aug 25 1907

UNDERTAKER: W. J. Fuller & Son — ADDRESS: Camden & Paca Sts

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4136

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4136

City of Baltimore, (No. 1601 Millman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Barlag

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Ernest Barlag

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Lithographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred'k R. Shade

(Address) 1810 Aiken St.

Filed 8/25 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 6 1907 to Aug 22 1907 that I last saw him alive on Aug 22 1907, and that death occurred, on the date stated above, at 3 A.M. The CAUSE OF DEATH was as follows:

Exhaustion due to Phthisis Pulmonalis & Rectal Fistulae

(DURATION) 13 months 24 days

Contributory ..... (DURATION) ..... DAYS

(Signed) R. P. Cannar M. D.

Aug 24 1907 (Address) 1701 N Carolina

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Aug. 26 1907
UNDERTAKER	**ADDRESS**
Wendell Lippel & Son	330 S. Bond St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — C 4137 — Registered No. B C 4137 — 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 413 N Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Erdmann

{Residence, if in Baltimore, Give Street and Number.} 413 N Chapel

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR white
DATE OF BIRTH	May 1st 1906
AGE	1 years, 3 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Thomas Erdmann
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Catherine Behrens
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Erdmann

(Address) 413 N Chapel St.

Filed 8/25" 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augt 23 1907

I HEREBY CERTIFY, That I attended deceased from Augt 17 1907 to Augt 23 1907 that I last saw him alive on Augt 22 1907, and that death occurred, on the date stated above, at 7.11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolf C. Eisenberg M.D.

Address 2213 Orleans St.

Date Augt 24 1907

Place of Burial Holy Redeemer

Date Aug. 25th 1907

Undertaker Rudell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 4138 Registered No. B C 4138 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1722 W. Calvert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name J. D'Arcy Didier

{Residence, if in Baltimore, Give Street and Number.} 1722 W. Calvert St.

Duration of Residence in Baltimore. 18 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	W.
DATE OF BIRTH	March 8, 1886
AGE	21 years, 5 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Brooklyn, N. Y.
FULL NAME OF FATHER	Eugene L. Didier
BIRTHPLACE OF FATHER (State or country)	Balto., Md
MAIDEN NAME OF MOTHER	Louise Northrope
BIRTHPLACE OF MOTHER (State or country)	Charleston, S. C.
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene L. Didier

(Address) 1722 W. Calvert St.

Filed 8/25" 1907 GARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 23d 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14th 1907 to Aug 23d 1907 that I last saw h in alive on Aug 23d 1907, and that death occurred, on the date stated above, at 1.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis, Lumbar punc-
ture showing a small staphylo-
coccus.

(DURATION) 3 DAYS

Contributory (Primary.) Typhoid Fever

(No Widal) (DURATION) 28 DAYS

(Signed) Eugene H. Mac Nyc M.D.

Address 200 N. Lafayette Ave

Date August 23d 1907

Place of Burial Cathedral Cemetery

Date Aug. 26, 1907

Undertaker Henry W. Means & Son.

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 C 4139 Registered No. B C 4139 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Irving St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Thomas Lockard

{Residence, if in Baltimore, Give Street and Number.} 1 Irving St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 15 1905

AGE 1 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas H Lockard

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Buskey

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Thomas H. Lockard

(Address) 1 Irving St.

Filed 8/25 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 16 1907 to Aug. 25 1907 that I last saw h-im alive on Aug. 24 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Immediate (DURATION) DAYS

Contributory (Primary) Naso-pharyngeal Diphtheria (DURATION) 7 DAYS

(Signed) Henry J Fahrl M.D.

Address Irvington

Date Aug. 25 1907

Place of Burial London Park

Date Aug 26 1907

Undertaker Charles H Priester

Address Catonsville Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 1 — C 4140 — Registered No. B C 4140

34

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Welch

{ Residence, if in Baltimore, Give Street and Number. } Oella, Maryland. Balto. Co.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 20th 1903

AGE: 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Oella Maryland

FULL NAME OF FATHER: Wilbur Welch

BIRTHPLACE OF FATHER (State or country): West Virginia

MAIDEN NAME OF MOTHER: Hettie J Clements

BIRTHPLACE OF MOTHER (State or country): Mary land

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbur Welch

(Address) Oella Balto Co.

Filed 8/25" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 25th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17th 1907 to Aug 25th 1907 that I last saw h[illegible] alive on Aug 25th 1907, and that death occurred, on the date stated above, at 7-12 a. M. CAUSE OF DEATH (Secondary or Immediate)

General tuberculosis -

Tuberculosis peritonitis.

(DURATION) months DAYS

Contributory (Primary.) Not known -

(DURATION) DAYS

(Signed) [signature] M.D.

Address The Church Home Infirmary

Date August 25 1907

Place of Burial Oella - Balto Co

Date Aug 27 1907

Undertaker Jno A Easton & Son

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 Registered No. B 4141

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget O'Grady

{Residence, if in Baltimore, Give Street and Number.} 406 Park ave

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen White

(Address) 406 Park ave.

Filed Aug 26 1907

HENRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

..... (DURATION) — DAYS

Contributory (Primary.) Senility

..... (DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St.

Date Aug 25 1907

Place of Burial St Patricks

Date Aug 26th 1907

Undertaker A. F. Shulbin

Address 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12X

Registered No. B C 4142

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Matthews

{Residence, if in Baltimore, Give Street and Number.} U. S. Marine Hospital

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U. S. Marine Hospital

Filed Aug 26 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1907 to Aug 24 1907 that I last saw him alive on Aug 24 1907 and that death occurred, on the date stated above, at 10:05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy (tuberculous)

(DURATION) 2 mos

Contributory (Primary.) Angular curvature + Compression of Spine (tuberculous) (DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U. S. Marine Hospital

Date August 25 1907

Place of Burial Asbury Cemetery

Date Aug. 27 26-14 1907

Undertaker H. E. Hughes

Address 176 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estella Johnson

{ Residence, if in Baltimore, Give Street and Number. } Bay. View.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 38. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemer Hollyday. Supt.

(Address)

Filed Aug 26 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

C.H.C.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 22 1907

I HEREBY CERTIFY, That I attended deceased from Aug 22 1907 to Aug 23 1907 that I last saw h er alive on Aug 23 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) - DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View Hosp.

Date Aug 24, 1907

Place of Burial St. Peters Cemetery

Date August 26 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4144

City of Baltimore, (No. 1105, S. Paca St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Julius F. Paar

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July (Month) 11th (Day) 1907 (Year)

AGE — years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Fredk Paar

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Emma L. Paar.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ferdinand H. Paar

(Address) 1105 S Paca St

Filed 8/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Aug 24 1907 that I last saw h[e] alive on Aug 24 1907, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 4 hours DAYS

Contributory Convulsions

(DURATION) 3 hours DAYS

(Signed) H E Kumpf M. D.

Aug 25 1907 (Address) 1002 N. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt. Carmel | DATE OF BURIAL Aug 26th 1907

UNDERTAKER J. W. Seewald Sons | ADDRESS 119 S. Eutaw St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 24 C 4145 Registered No. B C 4145

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 E. Cross St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Robert Schalhause

{Residence, if in Baltimore, Give Street and Number.} 406 E. Cross St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Baltimore Md 1903

AGE: 3 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Henry W. Schelhause

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Mary E. Wagner

BIRTHPLACE OF MOTHER (State or country): Georgetown D. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry W. Schelhause

(Address) 406 E. Cross St

Filed 8/26 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug 24 1907

I HEREBY CERTIFY, That I attended deceased from aug 1907 to aug 24 1907

that I last saw him alive on aug 23 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Empyema

(DURATION) DAYS

Contributory (Primary.) 12 weeks

(DURATION) DAYS

(Signed) W. C. Smith M.D.

Address 528 Kennard St

Date aug 25 1907

Place of Burial Western Cemetery

Date August 26 1907

Undertaker J. E. Evans

Address 1428 S. Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 4146 Registered No. B C 4146

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816 Ettting St. (If Death occurred in Hospital or institution give its Name instead of Street and Number)

Full Name Gene E Gibson

{ Residence, if in Baltimore, Give Street and Number. } 1816 Ettting St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Col'd

DATE OF BIRTH May 1906

AGE 1 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Bert Gibson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Maria White

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Gibson (Mother)

(Address) 1816 Ettting St

Filed 8/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 25 1907

that I last saw h[illegible] alive on Aug 24 1907

and that death occurred, on the date stated above, at 2 A., M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 24 DAYS

Contributory (Primary.) [illegible]

(DURATION) 1 DAYS

(Signed) T E Daughtry M.D.

Address 2506 Pennsylvania Ave

Date 8/25 1907

Place of Burial cit auburn

Date aug 26 1907

Undertaker Wm J Johnson

Address 614 N Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4147

City of Baltimore, (No. House of The Good Shepherd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Foley

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ~~Unknown~~ Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of The Good Shepherd

(Address) Shepherd

Filed 8/26 1907

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 25th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Aug 25th 1907 that I last saw h[er] alive on Aug 24th 1907, and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

One year or more (DURATION) DAYS

Contributory 1

(DURATION) DAYS

(Signed) E. F. Michelsen M. D.

1907 (Address) 115 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Aug 26 1907
UNDERTAKER	**ADDRESS**
J J Bailey	1203 Hillen

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 4148 Registered No. B C 4148

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 W Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Lennard

{Residence, if in Baltimore, Give Street and Number.} 530 W Hoffman St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	1
AGE	60 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Brown

(Address) 530 W. Hoffman

Filed 8/26 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to Aug 23 1907

that I last saw h[illegible] alive on Aug 21 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General Anasarca
following chronic
Nephritis

(DURATION) DAYS

Con'ributory (Primary.) Age and
exposure (DURATION) DAYS

(Signed) T. S. Hankins M.D.

Address 282 Druid Hill Ave

Date Aug 25 1907

Place of Burial Mt. Auburn

Date August 26 1907

Undertaker P. A. Bielfelt

Address 576 Ropers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 4149 Registered No. B C 4149
105

CERTIFICATE OF DEATH.

(Place of Death.) No. Lazaretto Light House St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Marguerite Frances Broom

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH March 23 1907

AGE ..... years, 5 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wilbur S. Broom

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary S. Arnold

BIRTHPLACE OF MOTHER (State or country) St Marys Co Md.

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) Lazaretto Light House

Filed 8/26" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from About Aug 1 1907 to Aug 24 1907

that I last saw her alive on Aug 24 1907

and that death occurred, on the date stated above, at 3 PM. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 3 DAYS

Con'tributory (Primary.) gastro enteritis

(Bottle fed) (DURATION) 30 DAYS

(Signed) W. W. Wright M.D.

Address Canton & Dillon St.

Date Aug 25 1907

Place of Burial Mt Carmel Cem.

Date Aug. 26th 1907

Undertaker H. Lauder & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4150 Registered No. B .....

484

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Kirmse (KIRMSE)

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 0 2. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Married~~ Widower(a)

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: U

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: Tool grinder.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Supt.

(Address) .....

Filed 8/26 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 25 1907

that I last saw h~~im~~ alive on Aug 25 1907,

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Arteriosclerosis, debility (DURATION) ..... DAYS

(Signed) Wolff, P. Bay M.D.

Address Bay View

Date Aug 25 1907

Place of Burial Mt Carmel Cemetery

Date AUG 27 1907 190....

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4151 Registered No. B ..... C 4151

154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Punkney

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: col.

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 8/26 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Aug 25 1907

that I last saw h alive on Aug 25 1907

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Con'tributory (Primary.) Debility - Senility

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View Hosp.

Date Aug 26 1907

Place of Burial Laurel

Date August 26 1907

Undertaker Isaiah L Robertson

Address 1080 Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4152 Registered No. B C 4152

1052

CERTIFICATE OF DEATH.

(Place of Death.) No. 570 Oxford St, St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name (Infant) Lewis

{Residence, if in Baltimore, Give Street and Number.} 570 Oxford St,

Duration of Residence in Baltimore. 10 days.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: Aug 15 1907	
AGE: ___ years, ___ months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Joseph Lewis
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Mary Morgan
BIRTHPLACE OF MOTHER (State or country)	St Marys Co. Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Lewis

(Address) 570 Oxford st-

Filed 8/26" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 24 1907 that I last saw h er alive on Aug 24 1907 and that death occurred, on the date stated above, at 10- A. M. CAUSE OF DEATH (Secondary or Immediate.)

ex hemitis

(DURATION) 4 DAYS

Con tributory (Primary.) urimia

(DURATION) 4 DAYS

(Signed) I. Wm. Lear M.D.

Address Md. Gen Hosp.

Date Aug. 25- 1907

Place of Burial Laurel

Date August 26 1907

Undertaker Isaiah L Brownson

Address 1010 Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 4153 Registered No. B C 4153

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 Hope St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. E. L. Edel

{ Residence, if in Baltimore, Give Street and Number. } 1818 Hope St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 13 1907
AGE	2 years, 2 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	August A Edel
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Mary M K. Helfrich
BIRTHPLACE OF MOTHER (State or country)	Balto Md.
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr August A Edel

(Address) 1818 Hope St.

Filed 8/26/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 24 1907

that I last saw h[illegible] alive on Aug 23 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro enteritis

one wk (DURATION) DAYS

Contributory (Primary.) Toxaemia

(DURATION) 2 DAYS

(Signed) James McFarlane M.D.

Address 700 E Chase St

Date Aug 24 1907

Place of Burial Sacred Heart Cemetery

Date August 26th 1907

Undertaker WILLIAM COOK.

Address 503 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours** after **death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 4154 Registered No. B C 4154

93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Fields

{Residence, if in Baltimore, Give Street and Number.} 1903 Fairmount ave

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black
DATE OF BIRTH	1847
AGE	20 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Gilleton Fields
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Annie Benson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Irene Fields

(Address) 109 N. Eden st

Filed 8/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 24 1907

that I last saw h alive on Aug 24 1907,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S S Krause M.D.

Address Johns Hopkins Hosp

Date Aug 26 1907

Place of Burial Asbury Cem

Date Aug 26 1907

Undertaker Chas G Bailey

Address 1421 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C 4155 Registered No. B C 4155

114

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Peall

{Residence, if in Baltimore, Give Street and Number.} Philadelphia Pa

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 8/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 24 1907

that I last saw h[illegible] alive on Aug 24 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gangrene of Appendicitis

(DURATION) DAYS

Con'tributory (Primary.) Peritonitis

(DURATION) DAYS

(Signed) Walter D Hirst M.D.

Address City Hospital

Date Aug 24 1907

Place of Burial Philadelphia Pa

Date Aug 26th 1907

Undertaker E Schloman & Son

Address 1639 Hanover St.

Baby in bad condition

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4156

Registered No. B .....

City of Baltimore, (No. M. E. Home for Aged, St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 90 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maginnis

(Address) Fulton Ave & Franklin

Filed 8/26/07 190...

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 25 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1907 to Aug. 25 1907

that I last saw her alive on Aug. 24 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Marasmus Coma

(DURATION) 1 DAYS

Contributory Chr. Interstitial Nephritis

(DURATION) 1 yr. DAYS

(Signed) J. N. Cannon M. D.

Aug. 27 1907 (Address) 401 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Aug 27 1907

UNDERTAKER: Geo J Smith & W. Lynch — ADDRESS: 1002

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 4157 Registered No. B C 4157

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1305 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Angelina Maggio

{ Residence, if in Baltimore, Give Street and Number. } 1305 E. Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 3 1906

AGE: 10 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Andre Maggio

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Gnecrcio Stella

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jean Caldarone's.

(Address) 1305 E. Baltimore

Filed 8/26 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 26 1907

I HEREBY CERTIFY, That I attended deceased from August 19 1907 to Aug 26 1907 that I last saw h alive on Aug 25 1907, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 4 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 14 DAYS

(Signed) A. A. Burdick M.D.

Address 7 South Broadway

Date August 26 1907

Place of Burial St Vincents Cemetery

Date Aug 6 1907

Undertaker Germanus Thanz

Address Banz & Wolfe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT OF BALTIMORE

Ward 8 C 4158 Registered No. B 42 C 4158

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria McBee.

{Residence, if in Baltimore, Give Street and Number.} 1522 N. Broadway.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Oct 29 1833	
AGE 74 years, — months, — days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Md	
FULL NAME OF FATHER Wm J. Williams	
BIRTHPLACE OF FATHER (State or country) Kentucky	
MAIDEN NAME OF MOTHER Mary Hunter	
BIRTHPLACE OF MOTHER (State or country) Stanford Conn	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Mark.

(Address) 1522 N. Broadway

Filed 8/26/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 24 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Aug 24 1907 that I last saw her alive on Aug 23 1907, and that death occurred, on the date stated above, at 6 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uterine Cancer

To my knowledge (DURATION) 90 DAYS

Contributory (Primary.) Exhaustion (DURATION) 90 DAYS

(Signed) A. M. Macdonald M.D.

Address 1540 N Broadway

Date Aug. 24 1907

Place of Burial Dallstown

Date Aug 27 1907

Undertaker Robt Kenner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4159 Registered No. B C 4159

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William F. Rigby.

{ Residence, if in Baltimore, Give Street and Number. } 1813 Warwick Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH 1

AGE 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER William F Rigby

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Sarah E. Geddes

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F Rigby

(Address) 1813 Warwick Ave

Filed 8/26/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 07 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9 1907 to Aug 24 1907 that I last saw h-im alive on Aug 24 1907, and that death occurred, on the date stated above, at 11.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tetanus.

(Accidentally stepped on tack [illegible] in coming down steps and punctured his foot about two weeks before entering hospital. (DURATION) Ground Entirely healed when admitted to hospital. DAYS

Contributory (Primary.) a.p.f. (DURATION) DAYS

(Signed) F. H. Bartlett M.D.

Address Union Protestant Infirmary

Date Aug 24 1907

Place of Burial Loudon Park

Date Aug 27 1907

Undertaker Geo. G. Smith Co.

Address 1020 W. Fayette St

OK a.p.f.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10th East

C 4160

Registered No. B C 4160

116

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia V. Rose

{Residence, if in Baltimore, Give Street and Number.} 220 S. Calhoun St. Balto.

Duration of Residence in Baltimore. 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1862

AGE: 45 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Brooke

(Address) 17 S. Calhoun st

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 26th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 25 1907 that I last saw h er alive on Aug 25 1907, and that death occurred, on the date stated above, at 7-90 a. m. CAUSE OF DEATH (Secondary or Immediate) Past operative peritonitis. Operation for chronic pelvic inflammatory disease. (DURATION) 5 DAYS

Contributory (Primary.) Pelvic inflammatory disease (Chronic) (DURATION) — DAYS

(Signed) [signature] M.D.

Address The Church Home, Baltimore

Date August 28 1907

Place of Burial London Park cem.

Date 8-28 th. 1907

Undertaker Robt. Brooke & Son

Address 17 S. Calhoun st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4161

Ward

No. B 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 2418 Hudson Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blandahe Anderson

{Residence, if in Baltimore, Give Street and Number.} 2418 Hudson Alley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored 1

DATE OF BIRTH

AGE 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Joseph Anderson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Jennie Jackson

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Blandahe Anderson

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24th, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9th 1907 to Aug 24 1907

that I last saw her alive on Aug 24 1907

and that death occurred, on the date stated above, at 4 A.M.

I. CAUSE OF DEATH (Secondary or Immediate)

II. Hydronaumothora

(DURATION)

Contributory (Primary.) Mess

(DUR

(Signed) D. Grant [illegible]

Address 352 N. [illegible]

Date Aug

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the [illegible] the duty of the Physician who attended during his or her last sickness, or the Coroner, when the [illegible] notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the [illegible] setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or [illegible] and the **cause and date of death.**

C 4161

Ward

No. B

C 4162 thru

C 4166

missing

...OF MY KNOWLEDGE AND BELIEF.
...Anderson
Address ...
Date ... Aug ...

Ward 5 C 4167 Registered No. B 1054

CERTIFICATE OF DEATH.

(Place of Death.) No. The Thomas Wilson Sanitarium Mt Wilson Md. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Sperie (?)

{Residence, if in Baltimore, Give Street and Number.} 204 S. Bond St-

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH 1

AGE ..... years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Solomon Sperie

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Finie

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Sperie

(Address) 204 S Bond st

Filed 8/26 1907

HENRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 25- 1907

I HEREBY CERTIFY, That I attended deceased from aug 24 1907 to aug 25- 1907 that I last saw h-e alive on aug 25- 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Dyspeptic Diarrhoea
Malnutrition

One month (DURATION) DAYS

Contributory (Primary.)

(DURATION) D

(Signed) N. L. Whittle M.

Address 906 Gorsuch ave Balto md

Date aug 25- 1907

Place of Burial Roas Dale Cemetry

Date Aug 25, 1907

Undertaker Max Levinson

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 4168 Registered No. B C 4168

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 230 E. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Elliott Arnold Marx.

{ Residence, if in Baltimore, Give Street and Number. } 230 E. Church St

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Dec. 26, 1906

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John F. Marx.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Helen Nissen

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno L Marx

(Address) 230 Church st

Filed 8/26 1907

C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug. 25, 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 22, 1907 to Aug. 25, 1907 that I last saw h.. alive on Aug 25, 1907, and that death occurred, on the date stated above, at 12 noon

CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 150 DAYS

Contributory (Primary.) —

(DURATION) D

(Signed) J. F. Hawkins

Address 1608 Light St

Date Aug. 25, 1907.

Place of Burial Cedar Hill Cem

Date Aug 27 1907

Undertaker M. Doyle & Son

Address 17 E Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4169

missing

deceased, and the ***cause and date of death.***

Condition (whether married or single) of the person

Ward 10 C 4170 Registered No. B C 4170

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1036 N Stockton St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William Penn

{ Residence, if in Baltimore, Give Street and Number. } 1036 N Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR col
DATE OF BIRTH 1	
AGE ..... years, 11 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED —	
BIRTHPLACE (State or country) Md.	
FULL NAME OF FATHER James Stanley	
BIRTHPLACE OF FATHER (State or country) Md	
MAIDEN NAME OF MOTHER Lula Penn	
BIRTHPLACE OF MOTHER (State or country) St Marys Co	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Betsy Penn

(Address) 1036 N Stockton St

Filed 8/26/07 190

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 25 1907

that I last saw him alive on Aug 24 1907

and that death occurred, on the date stated above, at 10

1. CAUSE OF DEATH (Secondary or Immediate)

Drowning

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno E Bruce M.D.

Address 1701 Eutaw Pl

Date Aug 26 1907

Place of Burial St Peters

Date Aug 27th 1907

Undertaker Clarence E Wright

Address 1364 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4171

Ward 9 — C 4171 — Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1030 E. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Whitefords

{ Residence, if in Baltimore, Give Street and Number. } 1030 E. North Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH July 7 - 1854 ~~1907~~

AGE 53 years, 1 months, 18 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Thomas Riley ~~Whitefords~~

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Catherine Amos

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Genevieve Whitford

(Address) 1030 E. North Ave.

Filed 8/26/07 190

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 1907

I HEREBY CERTIFY, That I attended deceased from August 1907 to Aug 1907 that I last saw her alive on Aug 25 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. E. Garrison M.D.

Address 1257 N. Broadway

Date Aug 25 - 1907 1907

Place of Burial Long Green Balto. Co. Md.

Date August 27" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 12X C 4172 Registered No. B C 4172

40

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Lang

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U. S. Marine Hospital

Filed 8/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to August 25 1907

that I last saw h alive on Aug. 25 1907

and that death occurred, on the date stated above, at 9:10 P. M. CAUSE OF DEATH (Secondary or Immediate)

abscess of lung

(DURATION) 10 DAYS

Contributory (Primary) Cancer of oesophagus (DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U. S. Marine Hospital

Date August 26 1907

Place of Burial St Marys, Hampden

Date Aug 27 1907

Undertaker Ehrenworth & Son

Address 9193rd st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 4173 Registered No. B C 4173 v 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 Baker's Court St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Frederika Ehrlich

{Residence, if in Baltimore, Give Street and Number.} 826 Bakers Ct.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 18 1835

AGE 71 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emil Ehrlich

(Address) 826 Bakers Ct.

Filed 8/26th 1907 [illegible], Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 24 1907

that I last saw h[illegible] alive on Aug 24 1907

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Suppurative Cholecystitis and Peritonitis

(DURATION) 7 DAYS

Contributory (Primary.) Cachexia

(DURATION) 2 DAYS

(Signed) H Norwood M.D.

Address 739 W Fayette St

Date Aug. 24 1907.

Place of Burial Western Cemetery

Date Aug 27 m 1907

Undertaker Geo L Limbacker & Son

Address 647 N. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 C 4174 Registered No. B C 4174 V 164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1746 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Greb

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 15th 1868

AGE: 39 years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Oberhessen, Germany.

FULL NAME OF FATHER: Henry Greb.

BIRTHPLACE OF FATHER (State or country): Hoffmansfeld, Oberhessen, Germany.

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Watchman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margarita Greb

(Address) 1746 Hanover st

Filed 8/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 8.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull from a fall at home, from a hemorrhage of the brain

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) 2 DAYS

(Signed) J. S. Gilbert Coroner M.D.

Address 211 N. Lenard

Date Aug 23rd 1907

Place of Burial Cedar Hill

Date Aug 27th 1907

Undertaker Jos. Stumbleff

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 1st

C 4175 Registered No. B C 4175

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 S. Luzern St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josef Rejmus

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: February 14 1907

AGE: ..... years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: August Rejmus

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Regula

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Rejmus

(Address) 830 S. Luzern st

Filed 8/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26 1907

I HEREBY CERTIFY, That I attended deceased from August 10 1907 to August 11 1907 that I last saw him alive on August 11 1907, and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion (DURATION) 20 DAYS

Contributory (Primary.) Inanition (DURATION) 15 DAYS

(Signed) S. J. Szwiatecki M.D.

Address 722 S. Ann St

Date August 26 1907

Place of Burial St Hedwigs

Date Tuesday Aug 27" 1907

Undertaker M. F. Wadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. C 4176

C 4176

Ward ..... Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 2116 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Goralski

{Residence, if in Baltimore, Give Street and Number.} 2116 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md

FULL NAME OF FATHER: John Goralski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Mary Adamski

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Goralski

(Address) 2116 Canton Ave

Filed 8/26 1907 HARRY C. AFDRKWS. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25th 1907 to Aug 25th 1907

that I last saw h.. alive on Aug 25th 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Obstruction

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Ries M.D.

Address 213 S. Bond St

Date Aug 26th 1907

Place of Burial Holy Rosary

Date Tuesday Aug 27th 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 4177 Registered No. B C 4177

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 S. Bond St. (If Death occurred in Hospital or Institution, give its Neme Instead of Street and Number.)

Full Name Joseph Hrycharz

{ Residence, if in Baltimore, Give Street and Number. } 829 S. Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: – years, 9 months, – days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: St Stanislaus Strycharz.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Hedwig Dzuber.

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Strycharz.

(Address) 829 S. Bond St

Filed 8/26 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1907

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Aug. 19 1907 that I last saw him alive on Aug 19 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) M Dolan M.D.

Address 623 Columbia Ave

Date Aug 29 1907

Place of Burial St Stanislaus

Date Tuesday Aug 27th 1907

Undertaker M. F. Dadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4178 Registered No. B C 4178

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 n milton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Gleichmann

{Residence, if in Baltimore, Give Street and Number.} 107 milton ave

Duration of Residence in Baltimore. 55 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 7 1832

AGE: 75 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Gmany

FULL NAME OF FATHER: Michael Gleichmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Deckmann

BIRTHPLACE OF MOTHER (State or country): Gmany.

OCCUPATION OF DECEASED: School Teacher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Maggie Gleichmann

(Address) 107 Milton Ave

Filed 5/26 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 24 1907

that I last saw h in alive on " 1907,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralisis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton ave

Date Aug 25 1907

Place of Burial Mt. Carmel Cemetery

Date Aug 27 1907

Undertaker Mrs Andrew Wolde Sons

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16th

Registered No. B C 4179

166 L

CERTIFICATE OF DEATH.

(Place of Death.) No. Penna. R. R. + Virginia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Dilley

{Residence, if in Baltimore, Give Street and Number.} Washington D. C.

Duration of Residence in Baltimore. A visitor for one day

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: [illegible] 1

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): [illegible]

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Guy Knott

(Address) Washington D.C.

Filed Aug 27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Castle R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 25th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

Killed in electricity (DURATION) ... DAYS

Contributory (Primary.) Accidental

R. R. injuries (DURATION) ... DAYS

(Signed) Wm. Van Patten M.D.

Address 700 Indiana ave. (Corner)

Date Aug. 26th 1907

Place of Burial Washington D.C.

Date August 26th 1907

Undertaker Robt Brooks & Son

Address Calhoun & Hollins sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 4180

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura Jackson

{ Residence, if in Baltimore, Give Street and Number. } Bay View 611 Hoffman st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: 1

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) BAY VIEW ASYLUM.

Filed

Aug 27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

C.C.C.O.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1907

I HEREBY CERTIFY, That I attended deceased from June 8 1907 to Aug 24 1907

that I last saw h alive on Aug 24 1907

and that death occurred, on the date stated above, at 7 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 1 DAYS

Contributory (Primary.) Apoplexy

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Aug 25 1907

Place of Burial Warrenton Va Fauquia Co

Date August 27 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C.4181 Registered No. B 28

CERTIFICATE OF DEATH.

(Place of Death.) No. 2133 E. Oliver St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Bagwell.

{ Residence, if in Baltimore, Give Street and Number. } 2133 E. Oliver St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 28 1902

AGE 4 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry M Bagwell

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susan Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry M Bagwell

(Address) 2133 E. Oliver

Filed Aug 27 1907 C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1907 to Aug 25th 1907 that I last saw h[illegible] alive on Aug 25th 1907, and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Tubercular)

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fiske M.D.

Address 96 Biddle St.

Date Aug. 25-7 1907

Place of Burial St. Patricks

Date Aug 27 1907

Undertaker Robt Schmidt

Address 1442 Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4182 Registered No. B C 4182

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 2019 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William B. Carroll

{Residence, if in Baltimore, Give Street and Number.} 2019 Druid Hill ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR Colored
DATE OF BIRTH May 16 — 1901	
AGE 6 years, 3 months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Saml. J. Carroll
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Mary Hunt
BIRTHPLACE OF MOTHER (State or country)	Washington D.C.
OCCUPATION OF DECEASED	School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Samuel J. Carroll

(Address) 2019 Druid Hill ave

Filed 8/27" 1907 HARRY C. ANDES Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 — 1907 to Aug 26 1907 that I last saw h[im] alive on Aug 26 1907 and that death occurred, on the date stated above, at 5:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral incompetency due to endocarditis probably of rheumatic origin — About 8 weeks (DURATION) — DAYS

Con'tributory (Primary.) —

(DURATION) — DAYS

(Signed) Chas. J. Kellam M.D.

Address 332 W. Monument St.

Date Aug 26 — 1907

Place of Burial Mt. Auburn

Date Aug 28th 1907

Undertaker Clarence E. Wright

Address 1364 N. Carey St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

C 4183

Registered No. B .....

City of Baltimore, (No. 401 N. Gilmore St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Rachele

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov (Month) 25 (Day) 1820 (Year)

AGE: 86 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Steven Myers

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Hipsley

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: ~~Housework~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Myers

(Address) 401 N. Gilmore St.

Filed 8/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 24 1907 that I last saw h.. alive on Aug 24 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Old age.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Jas. C. Clarke M. D.

Aug 26 1907 (Address) 1201 Mack. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mount Olivet | DATE OF BURIAL: Aug 27 1907

UNDERTAKER: C. W. Blizzard & Co | ADDRESS: 1119 Pa. Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the cause and date of death.

Ward 17 C 4184 Registered No. B C 4184

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Curry.

{ Residence, if in Baltimore, Give Street and Number. } Fairfax Va

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 14 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ky

FULL NAME OF FATHER: J. B. Curry

BIRTHPLACE OF FATHER (State or country): Ky

MAIDEN NAME OF MOTHER: Bert Coleman

BIRTHPLACE OF MOTHER (State or country): Ky

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs B Curry

(Address) Lexington Ky

Filed 8/27 1907 MARY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 22 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 22 1907

that I last saw h alive on Aug 22 1907,

and that death occurred, on the date stated above, at 7.30

M. CAUSE OF DEATH (Secondary or Immediate.)

multiple

Sarcomata

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date Aug 22 1907

Place of Burial Baltimore. Cem.

Date AUG 27 1907 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Time of interment extended to Aug. 27/07 if required A.D.J.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 22 C 4185 Registered No. B C 4185

CERTIFICATE OF DEATH.

(Place of Death.) No. 1733 Elizabeth Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Thomas

{Residence, if in Baltimore, Give Street and Number.} 1733 Elizabeth Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 28 1907

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Richard Thomas

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Thresa Beeker

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Beeker

(Address) 1733 Elizabeth Lane

Filed 8/27 1907 HARRY C. J. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Aug 26 1907 that I last saw h-r alive on Aug 26 1907, and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Mal. Nutrition

Premature Birth (DURATION) 60 DAYS

(Signed) R. L. Campbell M.D.

Address 1644 Hanover St

Date Aug 26 1907

Place of Burial Cedar Hill

Date Aug 27 1907

Undertaker Jos. Stuntebeck

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4186 Registered No. B C 4186

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 Ward St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robt. Gaines

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: About 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaranda Gaines

(Address) 1432 Ward St

Filed 8/27 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 26th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 26 1907

that I last saw him alive on Aug 26 1907,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis, Larynx

Duration 2 yrs

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Blutarsky M.D.

Address 211 N. Lanvale

Date Aug 26 1907

Place of Burial Mt. Olivet Cem.

Date August 27 1907

Undertaker John E. Naughton

Address 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married **or** single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4187 Registered No. B C 4187

1799

CERTIFICATE OF DEATH.

(Place of Death.) No. 1809 Little Walsh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Dyer (Dreyer)

{ Residence, if in Baltimore, Give Street and Number. } 1809 Little Walsh St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: June 18th 1907

AGE: 0 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Emil Dyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Roach

(Address) 1808 Little Wash St

Filed 8/27 1907 HARRY C. ARDREY, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 25 1907 that I last saw h[er] alive on Aug 24 1907, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Marasmus

(DURATION) 24 DAYS

(Signed) W. J. Kaslin M.D.

Address 852 W. North Ave.

Date Aug 26 1907

Place of Burial Wrastern Cemetery

Date Aug 17th 1907

Undertaker John E. Hough Co

Address 1422 E. Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12th

C 4188

Registered No. B C 4188 1/64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2416 Easton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Magdalena Krug

{Residence, if in Baltimore, Give Street and Number.} 2416 Easton Ave.

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 10th 1848

AGE: 59 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Gast

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magdalena Konigbauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fridolin Krug

(Address) 2416 Easton Ave.

Filed 8/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25th 1907

I HEREBY CERTIFY, That I attended deceased from aug. 7th 1907 to aug 25 1907 that I last saw h er alive on aug. 22 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 18 DAYS

(Signed) Pierce G. Dausel M.D.

Address 121 Jackson Square

Date aug. 26 1907

Place of Burial Holy Redeemer Cem.

Date aug. 28 1907

Undertaker Germanus Franca

Address 18 Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4189 Registered No. B

CERTIFICATE OF DEATH.

C 4189 61

(Place of Death.) No. 4 Montebello Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Bacon.

{Residence, if in Baltimore, Give Street and Number.} 4 Montebello Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 16 1903

AGE 3 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER William Bacon

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Josephine Gabitz

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Bacon

(Address) 4 Montebello ave

Aug 27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Aug 25 1907

that I last saw h.. alive on Aug 25 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-spinal fever

(DURATION) 3 DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) Reginald J. Tonry M.D.

Address 2206 York Road

Date August 26th 1907

Place of Burial St. Alphonsus

Date Aug. 28 1907

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 4150

Registered No. B C 4150

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 837 S. Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna Salewska

{ Residence, if in Baltimore, Give Street and Number. } # 837 S. Bond St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 7. 1907

AGE: ..... years, 1 month, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Szulewski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Molly Gardyz

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Salewski

(Address) 837. S. Bond Str

Filed 8/27/07

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 18 1907 to Aug. 26 1907

that I last saw her alive on Aug 24 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

malnutrition

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Ann St

Date Aug. 30th, 1907

Place of Burial St. Stanislaus

Date Aug 27 1907

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4191 Registered No. B C 4191

106

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert A Dwyer.

{Residence, if in Baltimore, Give Street and Number.} 1233 Lytton Ave.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White.

DATE OF BIRTH Nov 24 — 1866.

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md —

FULL NAME OF FATHER Timothy Dwyer.

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Ellen Sully —

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Clark —

(Address) 1631 Ramsay St

Filed 8/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Aug 26 1907 that I last saw h.. alive on Aug 26 1907 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Duodenal Perforation through Ulcer —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) H H Eskew M.D.

Address City Hospital

Date Aug 28 1907

Place of Burial New Cathedral

Date Aug 29th 1907

Undertaker John J Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Ward 17 C 4192 Registered No. B C 4192

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 S. Addison al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Ruehl.

{ Residence, if in Baltimore, Give Street and Number. } 102 S. Addison al.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1828

AGE 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germ.

FULL NAME OF FATHER Geo. Harper.

BIRTHPLACE OF FATHER (State or country) Germ.

MAIDEN NAME OF MOTHER Mary —

BIRTHPLACE OF MOTHER (State or country) Germ.

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 120 W. Lombard st

Filed 8/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 25, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 25 1907 that I last saw h— alive on Aug 25 1907 and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate.)

Ruptd. of Cardiac Valves

(DURATION) DAYS

Con'tributory (Primary) Dis. of Heart due to Mitral.

(DURATION) — DAYS

(Signed) F. H. Faussa M.D.

Address 317 N. Carrollton Ave.

Date Aug. 27. 1907

Place of Burial London Park

Date Aug. 28th 1907

Undertaker John Fields

Address 120 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4193 Registered No. B ~~4193~~ C 4193

CERTIFICATE OF DEATH.

(Place of Death.) No. 241 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth M Kraemer

{ Residence, if in Baltimore, Give Street and Number. } 241 S. Calhoun St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 14 1873

AGE 34 years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Geo M. Bendernagel

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Kraemer

(Address) 241 S. Calhoun

Filed 8/27/07 190 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Aug. 24 1907 that I last saw h— alive on Aug 22d 1907 and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

1 year (DURATION) DAYS

Con'ributory (Primary.) Tuberculosis of the Lungs

1 year (DURATION) DAYS

(Signed) John D Kuhn M.D.

Address 428 Gorsuch ave

Date Aug. 24 1907

Place of Burial Western

Date Aug 27th 1907

Undertaker John D Fields

Address 1200 W. Fombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 4194 Registered No. B C 4194

CERTIFICATE OF DEATH.

(Place of Death.) No. 1230 McElderry St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mrs Fanny Wrmberg

{ Residence, if in Baltimore, Give Street and Number. } 1230 McElderry St

Duration of Residence in Baltimore. 2 1/2 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Ellis Tamries

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Blumie Bernstein

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Marx

(Address) 1230 McElderry st

Filed 8/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20th 1907 to Aug 27th 1907

that I last saw him alive on Aug 26th 1907

and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
Asthenia.

(DURATION) DA

Contributory (Primary.)

(DURATION) 1 1/2 years

(Signed) John T. McCarthy M.

Address 636 W Franklin St

Date Aug 27th 1907

Place of Burial Hebrew Washington Rd

Date Aug 27, 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45

CERTIFICATE OF DEATH.

Registered No. B C 4195

City of Baltimore, (No. 2427 Francis St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. L. Wm. Stueck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 22 (Day) 1857 (Year)

AGE: 50 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna

FULL NAME OF FATHER: Louis Stueck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: A. E. Strayer

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Stueck

(Address) 2427 Francis St

Filed 8/27 1907

MARY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 3 1907 to Aug 24 1907 that I last saw h alive on Aug 24 1907, and that death occurred, on the date stated above, at 10 15 P.M. The CAUSE OF DEATH was as follows:

Cancer of the neck

6 Mo (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) L. F. Frey M. D.

Aug 25 1907 (Address) 2466 Orleans

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Com

DATE OF BURIAL: Aug 28 1907

UNDERTAKER: Geo. W. Lisle

ADDRESS: 531 E. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 4196 Registered No. B C 4196

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 3228 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Vilola French

{ Residence, if in Baltimore, Give Street and Number. } 3228 Cedar Ave

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 25 1906

AGE: 1 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John French

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Florence Ports

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Scanlan

(Address) 3228 Cedar Ave

Filed 8/27 1907 ROBT C. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to Aug 27th 1907 that I last saw h[er] alive on Aug 26th 1907, and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 2 months ~~DAYS~~

Contributory (Primary.) Diphtheria

(DURATION) 3 months ~~DAYS~~

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Aug. 29th 1907

Place of Burial Mt Mary's

Date Aug 28 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C.4197 Registered No. B 1054

CERTIFICATE OF DEATH.

(Place of Death.) No. 1548 Fremont Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Hilda E. Mason

{Residence, if in Baltimore, Give Street and Number.} 1548 Fremont Ave

Duration of Residence in Baltimore. entire life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: July 18 1906

AGE: 1 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel W. Mason

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Bertie Nelson

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel W. Mason

(Address) 1548 Fremont.

Filed 8/27 1907 HARRY O. ANDERSON Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 24 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Aug 24 1907

that I last saw h alive on Aug 24 1907

and that death occurred, on the date stated above, at 8.05

I. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion & Toxemia

(DURATION) DAYS

Con'ributory (Primary.) Cholera Infantum

(DURATION) 24 DAYS

(Signed) J. Frederick Lutz M.D.

Address 1340 W. North Ave

Date Aug. 25 1907

Place of Burial Laurel cemetery

Date Aug 27 1907

Undertaker George Harper

Address 609 L Pacal St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4198 . Registered No. B C 4198

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Walis

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male.	White

DATE OF BIRTH 1

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 8/27/1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Aug 25 1907

that I last saw h alive on Aug 25 1907,

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema.

(DURATION) 1 DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Aug 26. 1907

Place of Burial JOHNS HOPKINS HOSPITAL AUG 26 1907

Date 190

Undertaker William H Woodey

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

199

Ward 19 #19 C 4199 Registered No. B C 4199

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hobbe

{Residence, if in Baltimore, Give Street and Number.} Aberdeen Md.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Unknown

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/27 190 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 23 190 7

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 23 1907 that I last saw him alive on Aug 23 1907, and that death occurred, on the date stated above, at 4:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) ... DAYS

Contributory (Primary.) Nephritis,

(DURATION) ... DAYS

(Signed) R W. Crawford M.D.

Address University Hospital

Date Aug 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 26 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

Morgue

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

1907

Ward ..... Registered No. B .....

C 4200

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christina Bock.

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White

DATE OF BIRTH: April 7, 1833

AGE: 74 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/27 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 26 1907

I HEREBY CERTIFY, That I attended deceased from June 17 1907 to Aug 26 1907 that I last saw h-- alive on Aug 26 1907, and that death occurred, on the date stated above, at 12 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Con'tributory (Primary.) Senility

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Aug 26 1907

Place of Burial Mt. Carmel

Date Aug 27 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 4201

C 4201

CERTIFICATE OF DEATH.

20

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Spence (Spink)

{ Residence, if in Baltimore, Give Street and Number. } Spanns Point

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md. Gen. Hospital

(Address) .....

Filed 8/27 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 17th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 8 DAYS

Contributory (Primary.) accidental

burn from window (DURATION) ..... DAYS

(Signed) Wm Balloch M.D.

Address 700 Cathedral (Emm)

Date Aug. 26th 1907

Place of Burial JOHNS HOPKINS HOSPITAL AUG 28 1907

Date ..... 190 .....

Undertaker Commissioner Health.

Address Dead Department

Morgue

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

195

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 4202 Registered No. B C 4202

CERTIFICATE OF DEATH.

(Place of Death.) No. 156 N Gay St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elsie Peart

{Residence, if in Baltimore, Give Street and Number.} 8 Weeks

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE	7 years, 9 months, — days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Geo. H. Peart.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Mary Wright
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Peart

(Address) 156 N Gay St

Filed 8/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26th 1907

I HEREBY CERTIFY, That I attended deceased from

(190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Given under powers conferred on Ordinance or section 185 Code 1906

(DURATION) DAYS

Con'tributory (Primary.) Diphtheria

(DURATION) DAYS

(Signed) M.D.

Address Thompson Jones Jr

Date Aug 26/07 Asst. Com'r Health 190

JOHNS HOPKINS HOSPITAL

Place of Burial

Date AUG 26 1907 190

Undertaker Commissioner Health,

Address Wells

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

200

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4203 Registered No. B C 4203

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1216 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Isabella Peddicord

{Residence, if in Baltimore, Give Street and Number.} 1216 Columbia ave

Duration of Residence in Baltimore. Fifty years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo Shansbury

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Frances A Tessier

(Address) 1216 Columbia Ave

Filed 8/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25 1907

I HEREBY CERTIFY, That I attended deceased from August 1 1907 to August 25 1907

that I last saw h alive on August 25 1907

and that death occurred, on the date stated above, at 7.0 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Weakness

(DURATION) 5 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 5 DAYS

(Signed) Hans Bond M.D.

Address 602 Columbia

Date August 26 1907

Place of Burial London Park Cem

Date Aug 28 1907

Undertaker Jos N Cook

Address 1003 N Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward..... C 4204 Registered No. B.....C 4204

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Ind. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Richard Portner

{ Residence, if in Baltimore, Give Street and Number. } 830 N Washington St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Portner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kate Voght

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Druggist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Teresa L. Portner

(Address) 830 N Washington St

Filed 8/27/ 190.....

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug: 26th. 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 24 - 1907 to Aug. 26 - 1907

that I last saw h~~im~~ alive on Aug. 26 1907,

and that death occurred, on the date stated above, at 5.40 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever.
Intestinal perforation

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hosp.

Date August 28 1907

Place of Burial Cathedral

Date Aug 29 1907

Undertaker Jos B. Cook.

Address 1603 N. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

179

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4205

City of Baltimore, (No. 1619, N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth R. Morrison

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month, Day, Year)	February 1 1906
AGE	years, 6 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Brooklyn, N. Y.
FULL NAME OF FATHER	George R. Morrison
BIRTHPLACE OF FATHER (State or country)	New York.
MAIDEN NAME OF MOTHER	Jennie Roe
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. R. Morrison

(Address) 1619 N. Dallas St.

Filed 8/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25, 1907 to Aug 26 1907 that I last saw h-r alive on Aug 26, 1907, and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Marasmus.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Ruth Edwards, M. D.

Aug 26 1907 (Address) 1241 Harlem

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 27 1907
UNDERTAKER	ADDRESS
Henry Hoeck & Son	301 E. Lager St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 4206 Registered No. B C 4206

71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1746 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria M Watkins

{Residence, if in Baltimore, Give Street and Number.} 1746 N Gay St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH July 22 nd 1907

AGE ..... years, ... months, 35 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo. H. Watkins

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Annie K. Walz

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Watkins

(Address) 1746 N. Gay St

Filed 8/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion

Sudden

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lee S. K. Carnthe M.D.

Address Coroners Office

Date Aug 27—07 1907

Place of Burial Holy Redeemer Cemetery

Date Aug 28th 1907

Undertaker Henry Hoeck Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 4207 Registered No. B C 4207

96

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 Mechanics court. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daisy Barnett.

{Residence, if in Baltimore, Give Street and Number.} 830 Mechanics court.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 23 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Barrett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Susan Myers

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Foster

(Address) 830 Mechanics ct

Filed 8/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 24th August 1907

I HEREBY CERTIFY, That I attended deceased from 14th April 1907 to 24th Aug. 1907 that I last saw h[illegible] alive on 24th Aug. 1907, and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary Tuberculosis and Exhaustion.

Several months (DURATION) —— DAYS

Contributory (Primary) Lobar Pneumonia

3 or 4 weeks (DURATION) —— DAYS

(Signed) E. M. Boyle M.D.

Address 1416 Jefferson St.

Date 25th August 1907.

Place of Burial Mt Auburn

Date August 26 1907

Undertaker Robert A Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4208

Registered No. B .....

City of Baltimore, (No. 1420 Philpot alley St.; 1 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertrude Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) (Year)

AGE: 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Pierson

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Emma Robinson

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Robinson

(Address) 142 Philpot-alley

Filed 8/27 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Aug 26 1907 that I last saw h.e alive on Aug 26 1907 and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 3 DAYS

Contributory Pneumonia

(DURATION) 1 DAYS

(Signed) Herman Bruhl M. D.

Aug 27 1907 (Address) 1 W. Lexington St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: August 27 1907

UNDERTAKER: J. R. Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B C 4209

City of Baltimore, (No. 1226, Hemple's Ct St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James B. Nichols

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1e (Year)

AGE: 81 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Joseph Nichols

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Nichols

(Address) 502 N. Carolina

Filed 8/27 190 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Aug 26 1907

that I last saw h... alive on Aug 24 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Old age - Senile Debility (DURATION) 1 DAYS

Contributory Dropsy, Exhaustion (DURATION) — DAYS

(Signed) Walter W. Wolfe M. D.

Aug 27 1907 (Address) 1107 N. Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Lyon — DATE OF BURIAL: August 27 1907

UNDERTAKER: P. F. Elliott — ADDRESS: 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4210

City of Baltimore, (No 1613, Harmony lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Percy P Mabel

PERSONAL AND STATISTICAL PARTICULARS

SEX	Boy
COLOR	Wh
DATE OF BIRTH	17th (Month) July (Day) 1906 (Year)
AGE	years, 9 months,
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	629 N. Montart St
FULL NAME OF FATHER	David H Green
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Fanny Mabel.
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Clothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dacian Mabel

(Address) 1613 Harmony Lane

Filed 8/27 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Aug 26 1907 that I last saw him alive on Aug 25 1907, and that death occurred, on the date stated above, at 3 45 A. M. The CAUSE OF DEATH was as follows:

Entero Colitis

(DURATION) 5 DAYS

Contributory Inanition

(DURATION) 5 DAYS

(Signed) J. L. Hooper M. D.

Aug 27 1907 (Address) 220 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sam Mercy	Aug 28 1907
UNDERTAKER	ADDRESS
R. F. Elliott	506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

63

CERTIFICATE OF DEATH.

Registered No. B C 4211

City of Baltimore, (No. 1425 E Hoffman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Cassidy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. (Month) 13 (Day) 1848 (Year)

AGE: 59 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1425 E. Hoffman St.

Filed 8/27 190 7

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 22 1903 to August 1907 that I last saw h[er] alive on [illegible] June 1907, and that death occurred, on the date stated above, at 2.10 P. M. The CAUSE OF DEATH was as follows:

Progressive paralysis

(DURATION) DAYS

Contributory Paralysis Agitans

(DURATION) DAYS

(Signed) Frank E. Brown M. D.

Aug 29 1907 (Address) 926 E. Eager St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: Aug 28" 1907

UNDERTAKER: Evans & Spence

ADDRESS: 1174 1/2 W. Pratt. Royal ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 4212 Registered No. B ..... C 4212

CERTIFICATE OF DEATH. 179

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Patrick Monahan

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: Unknown

AGE: 52 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Luther Holyday, Supt.

(Address) BAY VIEW AS

Filed 8/27 190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from June 24 1907 to Aug 26 1907 that I last saw h[e] alive on Aug 26 1907, and that death occurred, on the date stated above, at 5-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

— (DURATION) — DAYS

Contributory (Primary) General debility

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View Hosp.

Date Aug 27 1907

Place of Burial Cathedral Cem

Date Aug. 27 1907

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4213 Registered No. B C 4213 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1852 M°Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Elizabeth Knox

{Residence, if in Baltimore, Give Street and Number.} 1852 M°Henry St.

Duration of Residence in Baltimore. Life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1857

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Albert Woodall -

BIRTHPLACE OF FATHER (State or country): Balto Md. -

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Moore.

(Address) 24 Potomac St.

Filed 8/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Aug 26 1907

that I last saw h-- alive on Aug 26 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea & enteritis

(DURATION) ... DAYS

Con'tributory (Primary)

(DURATION) ... DAYS

(Signed) Walter A Coe M.D.

Address 54 S. Fulton Ave

Date Aug 27 1907

Place of Burial Mount Olivet

Date Aug 29th 1907

Undertaker John F Gowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

(Fulton Ave. Balto. Md.) 2243 Harlem Ave

Dr. M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 4214 Registered No. B C 4214

34

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Young

{ Residence, if in Baltimore, Give Street and Number. } 319 S Bethel St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 8 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Benjamin Young

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Williams

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J H Bishop

(Address) 1107 Dolphin Ave

Filed 8/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 25 1907

I HEREBY CERTIFY, That I attended deceased from July 23 1907 to Aug 25 1907

that I last saw h alive on Aug 25 1907,

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Generalized Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Peri Rectal Abscess

(DURATION) DAYS

(Signed) S Strauss M.D.

Address Johns Hopkins Hospital

Date August 26 1907

Place of Burial Mt Auburn Cem

Date Aug 28 1907

Undertaker ~~J H Bishop~~ Mt Hygeia

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4215 Registered No. B C 4215 ✓

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Damiano Indeligato

{Residence, if in Baltimore, Give Street and Number.} 241 Albemarle st

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: — — 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): — — —

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charley Iula

(Address) 707 E. Chase

Filed 8/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Fract. Skull — Fractures.

and sepsis

(DURATION) — DAYS

Con'ributory (Primary.) Ry. Accident

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline Coroner

Date Aug. 27, 1907.

Place of Burial St. Vincents' Cem.

Date Aug. 28, 1907

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

I. GENERA

(A.) Epid

1. Typhoid fever
2. Exanthematic ty
3. Relapsiug fever
4. Malarial fever
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. { Diphtheria / Croup
10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dyseutery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic

(B.) Other g

20. Septicemia
21. Glanders and far
22. Malignant pustu
23. Rabies
24. Actinomycosis, t
25. Pellagra
27. Tuberculosis of
28. Tuberculosis of l
28. Tuberculous me
29. Abdominal tube
30. Pott's disease
31. Tuberculous abs
32. White swelliug
33. Tuberculosis of
34. General tubercu
35. Scrofula
36. Syphilis
37. Gonorrhea of th
38. Gonorrheal infec
39. Cancer of mouth
40. Cancer of stomac
41. Cancer of intesti
42. Cancer of genita
43. Cancer of breast
44. Caucer of skin
45. Cancer of other
46. Tumor (noncanc
47. Acute articular r
48. Chronic rheumat
49. Scurvy
50. Diabetes
51. Exophthalmic g
52. Addison's disea
53. Leukemia
54. Anemia, chloros
56. Alcoholism
57. Lead poisoning
58. Other profession
59. Other chrouic p
55 Other geueral di

II. DISEASES
SY

60. Encephalitis
61 Meningitis
62. Locomotor ataxi
63. Other diseases of
64 Apoplexy
65. Softening of brai
66. Paralysis
67. General paralysi
68. Other forms of n
69. Epilepsy
70. Convulsions (no
71. Convulsious of
72. Tetanus
73. Chorea

Registered No. B

CERTIFICATE OF DEATH. C 4216

(Place of Death.) No. 1106 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena Reichart.

{ Residence, if in Baltimore, Give Street and Number. } 1106 Leadenhall St.

Duration of Residence in Baltimore. Life.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Born Aug 30th 1849

AGE: 57 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John J. Steinwey

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Lizetta Essersberger

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Reichart

(Address) 1106 Leadenhall st

Filed 8/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Aug 25 1907 that I last saw h alive on Aug 26 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

J. Brice Carcinoma

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. Wade Cowie M.D.

Address 503 S. Grove St.

Date Aug 26 1907

Place of Burial Loudon Park Cem

Date Aug 28th 1907

Undertaker E. Schlosman & Son

Address 103 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

Registered No. B ..... C 4217

CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 Race St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Preuer

{ Residence, if in Baltimore, Give Street and Number. } 1021 Race St.

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 16 1869

AGE: 38 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gery

FULL NAME OF FATHER: John Schneider

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Preuer

(Address) 1021 Race st.

Filed 8/27 1907

HARRY C. ANDRES PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27 1907.

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to Aug 27 1907.

that I last saw h[er] alive on Aug 27 1907.,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Syphilis (acute)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Baldkoenig M.D.

Address 603 S. Sharp St

Date Aug 27 1907.

Place of Burial Cedar Hill Cem

Date Aug 30 1907

Undertaker E. Schlosman & Son

Address 1049 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4218

Registered No. B

City of Baltimore, (No. 2019, Pennsylvania ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Merryman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: March (Month) 5 (Day) 1864 (Year)

AGE: 43 years, 5 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George C Heyl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Sachemaner

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory T Merryman

(Address) 2019 Pennsylvania ave

Filed 8/27/07 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Augt. 26 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May. 15 1907 to Death Augt. 26/07 1907 that I last saw her alive on Augt. 24 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cancerous Condition of all the Abdominal Organs

(DURATION) 95 DAYS

Contributory (DURATION) DAYS

(Signed) Geo W Norris M. D.

Augt 27, 1907 (Address) 703 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Aug 28 1907
UNDERTAKER	ADDRESS
Wilbur H. Shriver	916 Fremont ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 4219 Registered No. B C 4219

CERTIFICATE OF DEATH. 105

(Place of Death.) No. Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Wagner

{Residence, if in Baltimore, Give Street and Number.} 713 N. Lombard St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 1 years, 3 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Campbell Turnbull 1526 E. Eager St

(Address) ~~713 N. Lombard~~

Filed 8/28 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug 26 1907

I HEREBY CERTIFY, That I attended deceased from aug 2 1907 to aug 26 1907

that I last saw him alive on aug 26 1907,

and that death occurred, on the date stated above, at 630 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Uli Colitis.

4 weeks. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. L. Whittle M.D.

Address Baltimore Md

Date aug 27 1907

Place of Burial Baltimore Md

Date Aug 28. 1907

Undertaker Wm Cook

Address 502 North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 4220 Registered No. B C 4220

CERTIFICATE OF DEATH. 154

(Place of Death.) No. 1712 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth J Eden

{ Residence, if in Baltimore, Give Street and Number. } 1712 W Lombard st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 22nd 1832

AGE: 75 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alexander Eden

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabeth Lemmon

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Wilkerson

(Address) 1712 W Lombard st

Filed 8/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Aug 26 1907 that I last saw her alive on Aug 25 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Dooley M.D.

Address 1701 Hollins st

Date Aug 27 1907

Place of Burial Mount Olivet Cemetery

Date Aug 28th 1907

Undertaker C. F. McCormick

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the *cause and date of death*. notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the case comes under his setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

CERTIFICATE OF DEATH.

150

(Place of Death.) No. 2019 N. Calvert St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary A Masterman

{Residence, if in Baltimore, Give Street and Number.} 2019 N. Calvert St.

Duration of Residence in Baltimore. Life

C. 4221

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Aug 20 1907

AGE ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Masterman

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary Hamby

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Masterman

(Address) 2019 N Calvert St

Filed 8/28 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) ..... DAYS

Contributory (Primary.) Congenital Heart Disease (DURATION) ..... DAYS

(Signed) Edith Fullerton M.D.
Coroner

Address 818 N. Chas St

Date Aug 28 1907

Place of Burial New Cathedral

Date Aug 28 1907

Undertaker E. A. Whitfield Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18

CERTIFICATE OF DEATH.

Registered No. B C 4222

City of Baltimore, (No. Providence Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rachel A. Davis

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: — (Month) 1 (Day) — (Year)

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H Ayers

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E. Anderson

(Address) 1524 McElderry St

Filed 8/28 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Aug 26 1907

that I last saw her alive on Aug 26 1907,

and that death occurred, on the date stated above, at 7 A M. The CAUSE OF DEATH was as follows:

Syncope

sudden death (DURATION) — DAYS

Contributory General Debility (DURATION) about 1 3 mos DAYS

Endocarditis

(Signed) P. H. Johnson M. D.

Aug 26 1907 (Address) Provident Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: St. Denis Md. How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: August 28 1907

UNDERTAKER: R. T. Edelen

ADDRESS: 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 — Registered No. B

C 4223

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 421 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Evans

{ Residence, if in Baltimore, Give Street and Number. } 421 E. Biddle St.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Bermuda West Indies

FULL NAME OF FATHER James Edward Evans

BIRTHPLACE OF FATHER (State or country) Bermuda West Indies

MAIDEN NAME OF MOTHER Sarah Gauntlett

BIRTHPLACE OF MOTHER (State or country) Bermuda

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Evans

(Address) 421 E. Biddle St.

Filed 8/28/07 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug 27 1907

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suffocation during an Epileptic Convulsion

(DURATION) DAYS

Contributory (Primary.) Epilepsy

(DURATION) DAYS

(Signed) Benj. J. Hayden M.D.

Address 1216 N. Caroline

Date Aug 28, 1907

Place of Burial Mt. Olivet Cemetery

Date Aug 30 1907

Undertaker Henry Hoeck & Son

Address 1201 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 4224

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 Ellwig St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Brown

{ Residence, if in Baltimore, Give Street and Number. } above C.4224

Duration of Residence in Baltimore. 15yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) unk

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Berkley

(Address) 1622 Ettings

Filed 8/29/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 27 1907

I HEREBY CERTIFY, That I attended deceased from as above 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W. Eglestone M.D. coroner

Address 211 N. Lanvale

Date aug 27, 1907

Place of Burial Mt Auburn

Date aug 22 1907

Undertaker Wm J. Johnson

Address 614 Baker

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4225 Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 1514 Hilmer alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Ward

{Residence, if in Baltimore, Give Street and Number.} 1514 Hilmer alley

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Child Male | COLOR Colored

DATE OF BIRTH Md 1

AGE 7 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) md

FULL NAME OF FATHER James H. Ward

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Mamie Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Bozell

(Address) 1514 Wilmer st alley

Filed 8/28/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Augst 26 1907

I HEREBY CERTIFY, That I attended deceased from Augst 24 1907 to Augst 26 1907 that I last saw him alive on Augst 25 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 1 DAYS

Contributory (Primary.) Catarrh Colitis

(DURATION) 3 DAYS

(Signed) John S. Fluck M.D.

Address 647 W Lafayette av

Date Augst 26 1907

Place of Burial Cut anchor

Date Aug 27 1907

Undertaker Wm J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. C 4226

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Smith.

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 84 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): England.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/28 1907

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 27 1907

that I last saw h alive on Aug 27 1907

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) DAYS

Con'tributory (Primary.) Arterio-Sclerosis

(DURATION) — DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Aug 27 1907

Place of Burial Mt Carmel Cemetery

Date August 28" 1907

Undertaker Evans & Spencer

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4227 Registered No. B C 4227

CERTIFICATE OF DEATH. 130

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Catherine~~ Gertrude Tell

{ Residence, if in Baltimore, Give Street and Number. } 1414 Garrett Ave

Duration of Residence in Baltimore. 7 1/2 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1870	
AGE: 37 years, ... months, ... days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Frank Oberle	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: dont know	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicolaus Tell

(Address) 1414 Garrett ave.

Filed 8/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Aug 27 1907

that I last saw h alive on Aug 27 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pelvic Cellulitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date aug 27 1907

Place of Burial Holy Cross R.R.Co.

Date Aug 28 1907

Undertaker Jos. Huntelmann

Address 318 Light st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4228 Registered No. B C 4228

CERTIFICATE OF DEATH. 14

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Kelly

{Residence, if in Baltimore, Give Street and Number.} 915 S. Charles.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Oct 20 1863

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry W. Kelly

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Fanny J. Darby

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Kelly

(Address) 38 Poultney st.

Filed 8/28 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27- 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Aug 27 1907 that I last saw him alive on Aug 27 1907 and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever,

(DURATION) 14 DAYS

Con'tributory (Primary.) Hemorrhage —

(DURATION) 2 DAYS

(Signed) H H Eskew M.D.

Address City Hospital

Date Aug 27 1907

Place of Burial Baltimore

Date Aug 29 1907

Undertaker Jos. Stuntebeck

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B C 4229

City of Baltimore, (No. 416 S Eden. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John J. McKenna

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 18 1876 (Month) (Day) (Year)

AGE: 31 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Chicago Ill.

FULL NAME OF FATHER: Hugh McKenna

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Ellen Cochran

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Iron Ship builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife, Mrs John McKenna

(Address) 416 S Eden

Filed 8/28 1907

HARRY C. ANDREWS, FIRST CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 26 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 27 1907 to Aug 26 1907 that I last saw him alive on Aug 26 1907; and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J E Gahl M. D.

Aug 27 1907 (Address) 111 E Eager

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Aug 29 1907

UNDERTAKER: E J Fanning — ADDRESS: 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 20

Registered No. B C 4230

C 4230

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 106 Stafford Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence S Patterson.

{ Residence, if in Baltimore, Give Street and Number. } 106 Stafford Lane.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White.
DATE OF BIRTH	July 26. 1857
AGE	50 years, 1 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Robert Patterson
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Ann Jane W Carroll
BIRTHPLACE OF MOTHER (State or country)	Baltimore. Md.
OCCUPATION OF DECEASED	Contractor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wrightson Chambers.

(Address) 381. Fremont. Ave.

Filed 8/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 26 — 1907

I HEREBY CERTIFY, That I attended deceased from Nov 30. 1906 to Aug 26. 1907

that I last saw h— alive on Aug 26 1907

and that death occurred, on the date stated above, at 10 30

I. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia —

Heart Failure — —

Independent (DURATION) DAYS

Contributory (Primary) Myocarditis - Brights Disease - Arterio Sclerosis - Cirrhosis Liver — (DURATION) DAYS

Ascites - Geo W Mabee M.D.

(Signed)

Address 1903 W Baltimore St.

Date August 27 07 1907

Place of Burial Lorraine Cemetery —

Date Aug 28 1907

Undertaker Chas E Faust —

Address 746 N Eutaw St

V

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 4231 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Schwartz

{ Residence, if in Baltimore, Give Street and Number. } 124 N. Bradford

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 28 1856

AGE 50 years, 9 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Reuter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Burke

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Carrie Schwartz

(Address) 124 N. Bradford

Filed 8/28 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27, 1907

I HEREBY CERTIFY, That I attended deceased from 16th July 1907 to 27th Aug 1907 that I last saw h[illegible] alive on 25th Aug 1907, and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Liver

(DURATION) 4½ DAYS

(Signed) R. D. Reuter M.D.

Address 809 N. Charles

Date Aug 28th 1907

Place of Burial Baltimore County

Date Aug 29 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4232

City of Baltimore, (No. 708 N. Bond St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena L. Stengel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 27 1868
(Month) (Day) (Year)

AGE 38 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Marcellus White

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Charlotte M. Fowler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Stengel

(Address) 708 N. Bond

Filed 8/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1907 to Aug 27th 1907

that I last saw her alive on Aug 27th 1907,

and that death occurred, on the date stated above, at 1.10 P. M. The CAUSE OF DEATH was as follows:

Carcinoma Uterus
6 mos. DAYS
(DURATION)

Contributory Pulmonary Congestion
1 DAYS
(DURATION)

(Signed) A. T. Ries M. D.

Aug 27th 1907 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Aug 30 1907

UNDERTAKER Zurhorst & Zirkel | ADDRESS 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 4233 — Registered No. B 04233

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Roz

{Residence, if in Baltimore, Give Street and Number.} 1509 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 20 1907

AGE: ..... years, 3 months, 3 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael Roz

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Lillia Rammensky

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Roz.

(Address) 1509 Eastern Ave.

Filed 8/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 25 1907 that I last saw her alive on Aug 25 1907 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Whooping Cough (Pertussis)

(DURATION) 25 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. Wolman M.D.

Address 1509 Eastern Ave

Date Aug 27 1907

Place of Burial St Stanislaus,

Date Wednesday Aug 28" 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Funeral will take Place 5 Pm this day

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 4234 Registered No. B C 4234

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 William St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Apy

{ Residence, if in Baltimore, Give Street and Number. } 1004 William St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 9. 1885

AGE 21 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER William Apy

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary Carter

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Apy

(Address) 1004 William

Filed 8/28 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15th 1907 to Aug 26th 1907.

that I last saw him alive on Aug 25th 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Pneumonia

(DURATION) 2 Wks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O Donnell M.D.

Address 1340 S Charles St

Date Aug 27 1907

Place of Burial Loudon Park

Date August 28 1907

Undertaker Edward L. Lanning

Address 1460 Battery ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4235 Registered No. B C 4235 105

CERTIFICATE OF DEATH.

(Place of Death.) No. the Thomas Nelson Laundry St. Balto Md.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Earle Fales

{ Residence, if in Baltimore, Give Street and Number. } 1501 Halbrook Ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feby 9 1907

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md Balto

FULL NAME OF FATHER: Wm G. Fales

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Madden

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G Fales

(Address) 1501 Halbrook Ave

Filed 8/28/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug 27 1907

I HEREBY CERTIFY, That I attended deceased from aug 6 1907 to aug 27 1907

that I last saw h[illegible] alive on aug 27 1907

and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate.

Dyspeptic Diarrhoea

Malnutrition

6 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. L. Whitelock M.D.

Address Baltimore Md

Date aug 27 1907

Place of Burial Loudon Park

Date Aug 29 1907

Undertaker Geo. Zimmer

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4236 Registered No. B C 4236

179

CERTIFICATE OF DEATH:

(Place of Death.) No. 1216 W Cross St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary O'Hara

{ Residence, if in Baltimore, Give Street and Number. } 1216 W Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH May 5th 1901

AGE ... years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 1216 W Cross St Balto

FULL NAME OF FATHER John O'Hara

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Sarah Coughlin

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O'Hara

(Address) 1216 W Cross St

Filed 8/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27th 1907

I HEREBY CERTIFY, That I attended deceased from July 27th 1907 to Aug 27th 1907

that I last saw h[illegible] alive on Aug 27th 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malignus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 N. Charles St

Date Aug 28th 1907

Place of Burial Loudon Cathedral Cem

Date August 28th 1907

Undertaker Daniel and M. J. Flynn

Address 42 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4237

City of Baltimore, (No. 1525 Cole St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Marcks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: April (Month) 6 (Day) 1907 (Year)

AGE: ..... years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Marcke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Martin

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Marcks

(Address) 1525 Cole St.

Filed 8/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from aug 26 1907 to aug 27 1907

that I last saw him alive on aug 26 1907,

and that death occurred, on the date stated above, at 6 M. The CAUSE OF DEATH was as follows:

Acute Gastro-Enteritis

(DURATION) 15 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) Gustav Dall M. D.

aug 28 1907 (Address) Lombard & Bricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Carmel Cem

DATE OF BURIAL: aug 28th 1907

UNDERTAKER: Wm B. Brothers

ADDRESS: 428 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 4238

Registered No. B C 4238

CERTIFICATE OF DEATH.

93

(Place of Death.) No. St. Vincents Inf Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Matthews

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. Inf. Asy.

Died 8/28 1907

HARRY O. ADDKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

General Paralysis

(DURATION) 14 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 7 DAYS

(Signed) Patrick F Martin M.D.

Address —

Date Aug 28 1907.

Place of Burial New Cathedral

Date 8 29 th 1907

Undertaker Martin Fahey 9th Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 4239 Registered No. B ..... C 4239

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Morgan Weber

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W.
DATE OF BIRTH	Aug 1, 1907
AGE ..... years, ... months, 27 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy

Filed 8/28 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 26 1907

that I last saw her alive on Aug 26 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. Ho. Hargrove M.D.

Address 1235 N Carey

Date 8/27 1907

Place of Burial New Cathedral

Date 8-29th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — C 4240 — Registered No. B C 4240 — 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Melvin Leroy Alderton

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant Asylum

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	July 27 1907
AGE	years, 1 month, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy

Filed 8/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1907

I HEREBY CERTIFY, That I attended deceased from July 30 1907 to Aug 26 1907

that I last saw h[illegible] alive on Aug 26 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. J. Haywood M.D.

Address 1220 N Carrollton

Date 8/27 1907

Place of Burial New Cathedral

Date 8- 29 th 1907

Undertaker Martin Fahey Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4241 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Nilder

{Residence, if in Baltimore, Give Street and Number.} St. Vincent. Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: W
DATE OF BIRTH: July 29 1907	
AGE: ... years, 1 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy.

Filed 8/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Aug. 27 1907 that I last saw h im alive on Aug 26 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) E. H. Hayward M.D.

Address 1238 N Carrollton

Date 8-27- 1907

Place of Burial New Cathedral

Date 8-29th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4242 Registered No. B C 4242

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincent Infant asylum St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Elizabeth Silbermann,

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH Aug 2, 1907	
AGE ..... years, ... months, 2 29 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED S.	
BIRTHPLACE (State or country) Md.	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy.

Filed 8/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 9 1907 to Aug 27 1907 that I last saw her alive on Aug 26 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Con tributory (Primary.)

(DURATION) ..... DAYS

(Signed) E. H. Kenyon M.D.

Address 1230 N Conkling

Date 8- 27, 1907

Place of Burial Mt. Cathedral

Date 8- 29th 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — Registered No. B C 4243

CERTIFICATE OF DEATH.

108

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs. Alma Harris

{Residence, if in Baltimore, Give Street and Number.} 640 N. Saratoga St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white.

DATE OF BIRTH March 10 1880

AGE 27 years, 5 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Franklin N. C.

FULL NAME OF FATHER John Elmore

BIRTHPLACE OF FATHER (State or country) N. C.

MAIDEN NAME OF MOTHER Rebecca Rankins

BIRTHPLACE OF MOTHER (State or country) N C.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm C. Harris

(Address) Fort McHenry St

Filed 8/28 1907 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 27 1907 that I last saw h alive on Aug 27 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 6 DAYS

Contributory (Primary.) Adhesions from old operation. (DURATION) DAYS

(Signed) Wm A. Fisher Jr. M.D.

Address 715 Park Ave

Date Aug 27 1907

Place of Burial London Park

Date Aug 29. 1907

Undertaker J S B Cook

Address 1893 E Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4244 Registered No. B C 4244

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 908 Clifford St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilly May Aulkins

{ Residence, if in Baltimore, Give Street and Number. } 908 Clifford St Balto. Md.

Duration of Residence in Baltimore. 4 mo. 26 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1 IV (April) 1 1907

AGE ..... years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER William H. Aulkins

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Susie J. Long

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Aulkins

(Address) 908 Clifford St

Filed 8/28 1907 HARRY C. ANDREWS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 27 VIII 1907

I HEREBY CERTIFY, That I attended deceased from 8-VIII 1907 to 27-VIII 1907 that I last saw h alive on 26 Aug 1907, and that death occurred, on the date stated above, at 11.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - enteritis

(DURATION) 6 wks DAYS

Contributory (Primary.) Gastro - enteritis

(DURATION) DAYS

(Signed) Henrietta M. Thomas M.D.

Address 115 W Bam St

Date 27 VIII 1907

Place of Burial Western

Date Aug 29 1907

Undertaker Jos B. Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B C 4245

C 4245
CERTIFICATE OF DEATH.

(Place of Death.) No. 304 W Madison St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Eisele

{Residence, if in Baltimore, Give Street and Number.} 304 W Madison St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: ... years, 14 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Karsten Eisele

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rose Fegen

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Karsten Eisele

(Address) 304 W Madison St

Filed 8/28 1907 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 27 1907 that I last saw h[er] alive on Aug 26 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ... DAYS

Contributory (Primary) Exhaustion (DURATION) ... DAYS

(Signed) Edw[ard] Mc[illegible] M.D.

Address 517 Lodge St

Date Aug 28 1907

Place of Burial Baltimore Cemetery

Date Aug 29 " 1907

Undertaker N S Fink

Address 2113 E Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician, who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward V C 4246 Registered No. B C 4246

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1803 Alice Anne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Augustiniak

{ Residence, if in Baltimore, Give Street and Number. } # 1803 Alice Anne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Martin Agustiniak

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Cychocka.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Agustiniak.

(Address) # 1803 Alice Anna St.

Filed 8/28 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH. Aug. 28 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Aug. 28 1907

that I last saw her alive on Aug 27 1907; 10:30 A.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Aug. 28 1907

Place of Burial St Stanislaus.

Date Thursday Aug 29 1907

Undertaker M. F. Radowski.

Address 903 S. Anna St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

106 ✓

CERTIFICATE OF DEATH.

Registered No. BC 4247

City of Baltimore, (No. 110 E Hill St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Riley

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	Apr. - - - - - 1814 (Month) (Day) (Year)
AGE	92 years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	✓
BIRTHPLACE (State or country)	Philadelphia, Pa
FULL NAME OF FATHER	James Riley
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Loosey
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/28" 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Aug 28 1907 that I last saw her alive on Aug 28 1907, and that death occurred, on the date stated above, at 4.30 P.M. The CAUSE OF DEATH was as follows:

Edema Cerebrum, probably intestinal Complications

(DURATION) 1 DAYS

Contributory Senility

(DURATION) 7 DAYS

(Signed) C. C. Francis M. D.

Aug 28 1907 (Address) 400 Hanover St

(SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Saint Peters Cemetery	August 29 1907
UNDERTAKER	ADDRESS
F A Krause Bro	703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 4248 Registered No. B C 4248

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 S. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Steven Fox

{Residence, if in Baltimore, Give Street and Number.} 412 S Collington ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 12 1907

AGE ..... years, 1 months, 16 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Steven Fox

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary West

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Steven Fox

(Address) 412 S. Collington ave

Filed 8/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Aug 27 1907

that I last saw h in alive on Aug 27 1907

and that death occurred, on the date stated above, at 4

M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. [illegible] M.D.

Address 16 S Broadway

Date Aug 1907

Place of Burial St. Alphonsus

Date Aug. 29th 1907

Undertaker Wendell Lippel & Son

Address 930 E. Baud St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 4249 Registered No. B ..... C 4249

CERTIFICATE OF DEATH. 136 V

(Place of Death.) No. 26 N. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eldenora K Hook

{Residence, if in Baltimore, Give Street and Number.} 26 N. Luzerne st

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 27th 1882

AGE: 25 years, 2 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Philip Keppler

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Josephine Zahn

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard R Hook

(Address) 26 N Luzerne st

Filed 8/28" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Aug 27 1907 that I last saw h[illegible] alive on Aug 27 1907, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute hemorrhagia metritis following pregnancy

(DURATION) One DAYS

Contributory (Primary.) Uremia — (DURATION) 12 hrs DAYS

(Signed) H G Beck M.D.

Address 314 E Preston st

Date Aug — 28 1907

Place of Burial Richmond Va

Date August 29th 1907

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 4250

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Moriarty

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. C. 4250

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: H. W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday

(Address) BAY VIEW ASYL

Filed 8/29 1907 HARRY C. ARMSTRONG Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1907

I HEREBY CERTIFY, That I attended deceased from Jan 20 1907 to Aug 28 1907

that I last saw h alive on Aug 28 1907,

and that death occurred, on the date stated above, at 1 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Edema

(DURATION) 1 DAYS

Con'tributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) Robt. P. Clay M.D.

Address Bay View

Date Aug 28 1907

Place of Burial St. Stanislaus Cemetery

Date Aug 29/07 1907

Undertaker H. S. Frush

Address 2118 N. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4251

City of Baltimore, (No. 2037 Penna Ave.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William M Lindsay

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Unknown (Month) (Day) 1 Year)

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm R. Lindsay

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary D Thompson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Dep't Sheriff

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Lindsay

(Address) 2037 Penna Ave

Filed 8/29" 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1907 to Aug 28 1907

that I last saw him alive on Aug 28 1907

and that death occurred, on the date stated above, at 10 A M.

The CAUSE OF DEATH was as follows:

Tuberculosis

from History (DURATION) Years DAYS

Contributory (DURATION) DAYS

(Signed) John Eblenth M. D.

Aug 28 1907 (Address) 1710 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem. DATE OF BURIAL: Aug 31 1907

UNDERTAKER: M Fahey & Sons ADDRESS: 566 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***forty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 4253 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 2012 N North ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah Whitehill

{Residence, if in Baltimore, Give Street and Number.} 2012 N North ave

Duration of Residence in Baltimore. Life

C. 4252

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR White

DATE OF BIRTH 1883

AGE 24 years, ~~months~~, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John H Whitehill

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Rosa Stern

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa H Whitehill

(Address) 2012 N North ave

Filed 8/29 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Aug 28 1907

that I last saw h[illegible] alive on Aug 27 1907,

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 14 DAYS

Contributory (Primary) Cardiac failure (DURATION) 1 Day

(Signed) J W T Love M.D.

Address 836 W. North Av

Date Aug 28 - 1907

Place of Burial Balto Hebrew Cem

Date Aug 30 1907

Undertaker J H Lucas Co

Address 737 Penitentiary

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — C 4253 — Registered No. B C 4253

14 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Wilson

{Residence, if in Baltimore, Give Street and Number.} 426 W. Henrietta

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): South Carolina

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanora Wilson

(Address) 426 W. Henrietta St.

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26th 1907 to Aug 27th 1907 that I last saw h[illegible] alive on Aug 27 1907 and that death occurred, on the date stated above, at 7.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Dysentery - Exhaustion

was sick three weeks

seen my brother, his physician

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Winsey M.D.

Address 1224 E. Fayette St

Date 190

Place of Burial Mt. Auburn Cem.

Date August 30 1907

Undertaker John H. Toadvine

Address 142 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 4254 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Abrahams Wilson

{Residence, if in Baltimore, Give Street and Number.} 306 Forrest

Duration of Residence in Baltimore. 56 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1851 1

AGE 56 years, X months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) United States

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 306 Forrest

Filed 8/29 1907

HENRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 27 1907

that I last saw him alive on Aug 27 1907

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

(DURATION) 25 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 25 DAYS

(Signed) Wm Clyde Burns M.D.

Address 1926 E. Baltimore

Date Aug 28 1907

Place of Burial Mt. Zion

Date August 29 1907

Undertaker P. A. Elliott

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4255 Registered No. B C 4255

105 C

CERTIFICATE OF DEATH.

(Place of Death.) No. 1935 Ridgewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wallace Dorzon

{ Residence, if in Baltimore, Give Street and Number. } abain

Duration of Residence in Baltimore. Life

C 4255

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Jan 15 1907

AGE: — years, 7 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John T Dorzon

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Lizza Lawson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dorzon

(Address) 1935 ~~Ridgewood~~ ~~Woodbrook~~ as Ridgewood ave

Filed 8/29 1907 HARRY S. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 27. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 190 to Same 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Sick 10 days.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D. Coroner

Address 211 N. Fenwick

Date Aug 27 1907

Place of Burial Mt Olivet Cemetery

Date August 29 1907

Undertaker Wilbur H Shriver

Address 816 Fremont ave n.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4256 Registered No. B 114

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hosp. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Sarah Stewart

{Residence, if in Baltimore, Give Street and Number.} 938 Park St.

Duration of Residence in Baltimore. 42 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Howard

(Address) 1027 N Front St

Filed 8/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 26 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 22 1907 to Aug 26 1907 that I last saw h.. alive on Aug 26 1907 and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Edema

(DURATION) DAYS

Contributory (Primary.) Multiple abscess of Liver (DURATION) DAYS

(Signed) J. W. M. Dean M.D.

Address 710 Gen'l Hosp

Date Aug 26 — 1907

Place of Burial Laurel

Date August 29 1907

Undertaker R. A. Elliott

Address 308 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4257

City of Baltimore, (No. 1333 N. Gilmor St.; 15 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna R. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 8 (Day) 18 (Year)

AGE: 72 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Gadok Walker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ellen Carmichel

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Baker

(Address) 1333 N. Gilmore

Filed 8/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 28th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jany 1907 to Aug 28 1907 that I last saw her alive on Aug 28 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

General debility

Two yrs. (DURATION) DAYS

Contributory Diarrhoea

(DURATION) 6 DAYS

(Signed) Dr Duvall M. D.

Aug 28 1907 (Address) 1326 N Mount

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto. Cem.

DATE OF BURIAL: Aug 30 1907

UNDERTAKER: Geo J. Smith & Co

ADDRESS 1006 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 4258 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 117 S. Exeter St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rose Shulack

{ Residence, if in Baltimore, Give Street and Number. } 117 S. Exeter St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 1906

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Morris Shulack

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Fine

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Shulack

(Address) 117 S. Exeter St

Filed 8/29/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 28 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 28 1907

that I last saw her alive on Aug. 28 1907

and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Balto. St

Date Aug 28 1907

Place of Burial Phila. Rd. Rosedale

Date AUG 29 1907 190

Undertaker Max Levinson

Address 1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward VI C 4259 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carl G Gross

{ Residence, if in Baltimore, Give Street and Number. } 806 Columbia Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 27 1906

AGE: ... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: George H Gross

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Christina Albert

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Gross

(Address) 806 Columbia Ave

Filed 8/29 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 27 1907

that I last saw h[illegible] alive on Aug 25 1907,

and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 12 DAYS

Contributory (Primary.) [illegible]

(DURATION) 3 DAYS

(Signed) E Dwight Campbell M.D.

Address [illegible]

Date Aug 28 1907

Place of Burial Loudon Park

Date August 29 " 1907

Undertaker Philip P Beauvais Son

Address 114 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 4260 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Bruggis

{ Residence, if in Baltimore, Give Street and Number. } 1111 N. Milton Ave

Duration of Residence in Baltimore. Life

C 4260

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Vogler

(Address) 1111 N. Milton Ave.

Filed 8/29/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 28 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 28 1907

that I last saw h alive on Aug 28 1907,

and that death occurred, on the date stated above, at 6

P M. CAUSE OF DEATH (Secondary, or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Nephro-sperual hemorrhagitis

(DURATION) DAYS

(Signed) S S Krause M.D.

Address Johns Hopkins Hosp

Date August 29 1907

Place of Burial Baltimore Cem.

Date AUG 31 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

deceased, and the **cause and date of death.**

Ward 6 C 4261 Registered No. B C 4261

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery & Childs. Hosp. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas Schraeder.

{Residence, if in Baltimore, Give Street and Number.} No C. Hosp.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: July 24 1907	
AGE: ..... years, 1 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Unknown
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M R Stone

(Address) No C.

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

201

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27th 1902

I HEREBY CERTIFY, That I attended deceased from July 26 1902 to Aug 26 1907 that I last saw h-- alive on Aug 23 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 33 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm. Magruder, M.D.

Address 923 Madison Ave

Date 190

Place of Burial COLLEGE OF P. & S.

Date AUG 27 1907 190

Undertaker (Commissioner Health.

Address

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 4262 Registered No. B.C. 4262

1764

CERTIFICATE OF DEATH.

(Place of Death.) No. Found dead in Bay Cor Ensor Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

C. 4262

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: about 35 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Found Aug 28 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Hemmorhage due to bullet wound in Head

Homicide

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Co.

Date Aug 28 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date AUG 28 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

185

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4263 Registered No. B C 4263 V

160

CERTIFICATE OF DEATH.

(Place of Death.) No. Rear NE Cor Broadway & Madison St St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name David J. Kreutz

{ Residence, if in Baltimore, Give Street and Number. } Hebrew Hardware

Duration of Residence in Baltimore. 7.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) England

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/29 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 a. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by razor

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carullo M.D.

Address Corner N Ave

Date Aug. 27 26 — 1907

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date AUG 28 1907 190 .....

Commissioner Health.

Undertaker .....

Address Health Department

FOR STATISTICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

163

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4264 Registered No. B C 4264

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Berlinerotty

{ Residence, if in Baltimore, Give Street and Number. } Frederick Wendt

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1852

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 25 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....m. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Scudder Coroner M.D.

Address 320 N Greene St

Date ..... 190 .....

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 28 1907 190 .....

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

201

16

Ward 7 C 4265 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Chas & Mary Hart

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

C 4265

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Aug 25 1907
AGE	2 D Hours, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Chas Hart
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Erring
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/29 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Aug 26 1907 that I last saw him alive on Aug 26 1907, and that death occurred, on the date stated above, at 6.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F C Goldsborough M.D.

Address Johns Hopkins Hospital

Date Aug 26 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 28 1907 1907

Undertaker Commissioner Health

Address Sewall Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

283

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4266

City of Baltimore, (No. 1417 Park Avenue St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospitel or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Dulany Rogers Ridgely

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: June 29th (Month) (Day) 1822 (Year)

AGE: 95 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Woodward

BIRTHPLACE OF FATHER (State or country): Maryland ~~Dulany~~

MAIDEN NAME OF MOTHER: Mary Grafton Dulany

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Rogers,

(Address) 1417 Park Ave.

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 28th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 27th 1907 to Aug. 28th 1907 that I last saw h[er] alive on Aug 28 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

Congestion of lungs

(DURATION) 2 DAYS

Contributory Arterio Sclerosis

(DURATION) ? DAYS

(Signed) Gordon Wilmer M. D.

Aug 28 1907 (Address) 806 Cathedral st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: Aug 30th 1907

UNDERTAKER: H. W. Jenkins Mon Co | ADDRESS: 300 W. Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 4267 Registered No. B C 4267

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1442 Light st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Herman Klingenberg

{ Residence, if in Baltimore, Give Street and Number. } 1442 Light st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Apr. 26th 1907

AGE ..... years, 4 months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER L. L. Klingenberg

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Schuman

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Klingenberg

(Address) 1442 Light st

Filed 8/29 1907

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1907 to Aug 27th 1907 that I last saw h[illegible] alive on Aug 26th 1907, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) ? DAYS

Contributory (Primary.) Exhaustion

(DURATION) ? DAYS

(Signed) [illegible] M.D.

Address 1425 Light st

Date Aug 28th 1907

Place of Burial Loudon Park Cem

Date Aug 29 1907

Undertaker D. Tew McCully

Address 39 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4268

City of Baltimore, (No. 1 S. Fulton Ave St.; Ward)
[If denth occurs nway from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sally B. Murphy

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER Chas. A. Murphy

BIRTHPLACE OF FATHER (State or country) Delaware

MAIDEN NAME OF MOTHER Bridget Braceline

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. A. Murphy

(Address) 1 S. Fulton Ave

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 27 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Aug 27 1907

that I last saw h.r alive on Aug 25 1907,

and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Pleuro Pneumonal

17 months Probably (DURATION) ..... DAYS

Contributory Asthenia.

(DURATION) ..... DAYS

(Signed) Duncan MacColman M. D.

Aug 29 1907 (Address) 110 N Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL Aug 30 1907

UNDERTAKER Crowley Bros | ADDRESS 25 N Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4269

City of Baltimore, (No. 416 N. 20 St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Hare

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Nov 6th 1906 (Month) (Day) (Year)

AGE: ..... years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John H Hare

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rebecca Hardesche[illegible]

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Hare

(Address) 416 N 20th St

Filed 8/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Aug 28 1907 that I last saw h[illegible] alive on Aug 27 1907, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Cholera Infantum (DURATION) 7 DAYS

Contributory Convulsions (DURATION) 3 DAYS

(Signed) H. L. Fair M. D.

Aug 28 1907 (Address) 12 E. 21st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Aug 30th 1907

UNDERTAKER: C A F Philbin — ADDRESS: 1711 and

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 4270 Registered No. B [illegible] 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 South St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget A. C. Gaule

{Residence, if in Baltimore, Give Street and Number.} 524 South St.

Duration of Residence in Baltimore. 62 yrs in C. 4270

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 70 years, [illegible] months, [illegible] days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Clarke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J. Gaule

(Address) 524 South

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 - 1907 to Aug 28 1907 that I last saw h[illegible] alive on Aug 27 1907, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

[illegible]

Intestinal Obstruction

(DURATION) 7 DAYS

Contributory (Primary) Peritonitis (DURATION) 2 DAYS

(Signed) Edw J Grumbrecht M.D.

Address 817 Cathedral

Date Aug 28 - 1907

Place of Burial St Peters

Date Aug 30 1907

Undertaker Wm Cook & Keith Co.

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Light St Wharf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Hanson

{ Residence, if in Baltimore, Give Street and Number. } Cedar alley

Duration of Residence in Baltimore. Unknown

C.H2771

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col-

DATE OF BIRTH: Unknown 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: +

BIRTHPLACE (State or country): +

FULL NAME OF FATHER: +

BIRTHPLACE OF FATHER (State or country): +

MAIDEN NAME OF MOTHER: +

BIRTHPLACE OF MOTHER (State or country): +

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/29/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Drowned in dock at Light St. Wharf

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. D. Rehberger M.D.

Address 211 W. Lombard

Date 8. 27 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 29 1907 190

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

29

Ward 15 Registered No. D

105 r

CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 N. Bruce St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Moulton

{ Residence, if in Baltimore, Give Street and Number. } 1623 Bruce St

C.4272

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: Feb. 10, 1907

AGE: ..... years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Richard Moulton

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Sadie Morris.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Moulton

(Address) 1623 Bruce St.

Filed 8/29 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 28, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 23 1907 to Aug 27 1907 that I last saw h alive on [illegible] 1907, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) K. De S. Kelly M.D.

Address 2143 Penna. Ave.

Date 29 Aug 1907

Place of Burial Mt Auburn

Date Aug 29 th 1907

Undertaker Abel Hemsley

Address 578 N Bidd[illegible] St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 Registered No. B 1511

CERTIFICATE OF DEATH.

(Place of Death.) No. 1323 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Evans

{Residence, if in Baltimore, Give Street and Number.} 1323 N. Carey St.

Duration of Residence in Baltimore. Lifetime

C.H.Dept

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: — years, 2 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER: James Evans.	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H. Brown

(Address) 1323 N. Carey St.

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Aug 28 1907 that I last saw him alive on Aug 27 1907, and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Marasmus

(DURATION) 20 DAYS

(Signed) W. J. Kastens M.D.

Address 852 W. Northern Ave

Date Aug 29. 1907

Place of Burial Mt. Auburn

Date August 29 1907

Undertaker James H. Dennis

Address 1332 Pressman St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. BC 4274

City of Baltimore, (No. 1504 n Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gladys Naomi Wright

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH October (Month) 26 (Day) 1906 (Year)

AGE ..... years, 10 months, 2 days

SINGLE, ~~MARRIED~~, WI~~DOWED~~, OR DI~~VORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Joseph William Wright

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Naomi Barnett

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Wright

(Address) 1504 n Chapel

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Aug 29 1907 that I last saw her alive on Aug 28 1907, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Entero-colitis

..... (DURATION) ..... DAYS

Contributory dentition

..... (DURATION) ..... DAYS

(Signed) J. Wm. Francis M. D.

8/29 1907 (Address) 1407 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL New Cathedral Cemetery | DATE OF BURIAL Aug 30 1907

UNDERTAKER Henry Stockslager | ADDRESS 201 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 4275 Registered No. B [illegible] 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Purnell

{Residence, if in Baltimore, Give Street and Number.} St Elizabeths Home C 4275

Duration of Residence in Baltimore. In home since July 29-07

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: Oct 12 1905

AGE: 1 years, 10 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeth's Home

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from July 29 1907 to Aug 28 1907 that I last saw h— alive on Aug 28 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus —

(DURATION) 31 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stanislaus Melchers M.D.

Address 1609 Linden Ave

Date Aug 29 1907

Place of Burial Cathedral Cemetery

Date August 30th 1907

Undertaker Felix B Pye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 4276 Registered No. B C 4276

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Rollins

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeths Home C 4276

Duration of Residence in Baltimore. [illegible] - In Home July 5

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: July Sept 1907

AGE: ..... years, about 11 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St Elizabeths Home.

Filed 8/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to Aug 28 1907

that I last saw h[illegible] alive on Aug 28 1907,

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis - Colitis

Since July 5-07 (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Standish McVaney M.D.

Address 1609 Linden Ave

Date Aug 29-07 1907

Place of Burial Cathedral Cemetery

Date August 30th 1907

Undertaker Felix B Pye.

Address 1126 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 4277 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 Gilbert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles James

{ Residence, if in Baltimore, Give Street and Number. } 614 Gilbert St.

Duration of Residence in Baltimore. 25 yrs. c.42nn

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Africa-Am
DATE OF BIRTH: 1837 1	
AGE: 70 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Co.,
FULL NAME OF FATHER	Albert James
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Margaret Tobias
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice James

(Address) 614 Gilbert St.

Filed 8/29 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24th 1907.

I HEREBY CERTIFY, That I attended deceased from Aug. 24th 1907 to Aug. 28 1907

that I last saw h... alive on Aug. 28 1907

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

Acute Dropsy (DURATION) DAYS

Contributory (Primary) Nephritis (DURATION) Some Months.

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date Aug. 29th 1907.

Place of Burial Mt. Auburn Cemetery

Date August 31st 1907.

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death,*** to the Undertaker, notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or the Coroner, when the case comes under his notice, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 4278 Registered No. B .....

CERTIFICATE OF DEATH.

274

(Place of Death.) No. 584 Union St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Josephine Gross

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: —	1
AGE: 46 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son Mr Gross

(Address) 584 Union St

Filed 8/29 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from As above 1906 to 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 8.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Disease
and Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Elliott Coroner M.D.

Address 211 N. Fremont

Date Aug 28 1907

Place of Burial Laurel ✓

Date August 30 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 202 N. Amm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Murray

{Residence, if in Baltimore, Give Street and Number.} 202 N. Amm St.

CH279

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	colored
DATE OF BIRTH	Not known 1
AGE	22 years, — months, — days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Edmund Murray
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Va "
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos H Johnson

(Address) 202 N. Amm St

Filed 8/29/ 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 / 1907

I HEREBY CERTIFY, That I attended deceased from July 1 / 1907 to Aug 28 1907

that I last saw h alive on 26th Aug 1907,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (Verbal T.B.)

2 mos (DURATION) — DAYS

Con'ributory (Primary.)

asthenia (DURATION) 24 hrs DAYS

(Signed) H. T. Roeder M.D.

Address 1802 E. Baltimore St

Date Aug 28 1907.

Place of Burial Lancaster co Va White Stone Wharf

Date August 30 1907

Undertaker R. Hollidt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B

39

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence Johnson

{ Residence, if in Baltimore, Give Street and Number. } Hartsville S C.

Duration of Residence in Baltimore. 5

C.H. 280

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Sept 8 1894	
AGE: 12 years, 11 months, 11 days	
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single	
BIRTHPLACE (State or country): S C.	
FULL NAME OF FATHER: Isaac Johnson	
BIRTHPLACE OF FATHER (State or country): S C.	
MAIDEN NAME OF MOTHER: Lina Johnson	
BIRTHPLACE OF MOTHER (State or country): S. C.	
OCCUPATION OF DECEASED: School boy	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Johnson

(Address) Hartsville S C

Filed 8/30" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 29 1907

that I last saw him alive on Aug 29 1907,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma of Unknown Origin

Post Operative Shock

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G Strouse M.D.

Address Johns Hopkins Hospital

Date August 29 1907

Place of Burial Hartsville S. C.

Date Aug 29 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1615 Cemetery Lane (avenue) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jaroslav Bukovsky

{ Residence, if in Baltimore, Give Street and Number. } 1616 Cemetery Lane

Duration of Residence in Baltimore. Life

C.H.D.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Bohemia.

FULL NAME OF FATHER: Josef Bukovsky

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Marie Sebesta

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alois Sebesta

(Address) ~~Boston~~ 1616 Cemetery Lane

Filed 8/30 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1907

I HEREBY CERTIFY, That I attended deceased from August 16 1907 to August 1907

that I last saw him alive on 26 1907

and that death occurred, on the date stated above, at 9.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 11 DAYS

Contributory (Primary.) Dentition and heat (DURATION) DAYS

(Signed) Thos. Simms M.D.

Address 1023 N. Broadway

Date Butte August 30 1907

Place of Burial Dakhill

Date Aug. 29 1907

Undertaker F. Frank Grant

Address 1904 Acton Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 4280 Registered No. B 1v

CERTIFICATE OF DEATH.

(Place of Death.) No. Balt City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Bailey

{Residence, if in Baltimore, Give Street and Number.} 838 Stockholm St. C.4280

Duration of Residence in Baltimore. 1 year —

PERSONAL AND STATISTICAL PARTICULARS

SEX M.

COLOR B —

DATE OF BIRTH 1

AGE 22 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Jacob Bailey

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Indiana Standbury

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Heath

(Address) Chester Md

Filed 8/30 1907 HARRY C. T. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 27 1907 that I last saw h.. alive on Aug 27 1907 and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 20 DAYS

Con'tributory (Primary.) Perforation

(DURATION) DAYS

Hemorrhage

(Signed) H H Baker M.D.

Address City Hospital

Date Aug 27 1907

Place of Burial Chester, Md Cremation Balto

Date Aug 30 1907

Undertaker Jno H. Toadvine

Address 142 Catherine St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3 82

Ward ..... Registered No. 54

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Buford C Galters

{ Residence, if in Baltimore, Give Street and Number. } Johnson City Tenn.

Duration of Residence in Baltimore. 2 days.

C 11286

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 11th 1

AGE: 18 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Tenn.

FULL NAME OF FATHER: D. M. Galters

BIRTHPLACE OF FATHER (State or country): Tenn

MAIDEN NAME OF MOTHER: Susan A. J. Miller

BIRTHPLACE OF MOTHER (State or country): Tenn.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D M Galters

(Address) Johnson City Tenn.

Filed 8/30th 1907

HARRY C. AND Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Aug 30 1907 that I last saw h... alive on Aug 30 1907, and that death occurred, on the date stated above, at 3.30 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Primary Anaemia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date August 30 1907

Place of Burial Johnson City, Tenn,

Date Aug 30th 1907

Undertaker Albert E. Fuller

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4284

City of Baltimore, (No. 16 Harrison St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Estee Aberson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femail | COLOR: White

DATE OF BIRTH: ... 1 ... (Month) (Day) Year)

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Adof Aberson

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Adie Bundenckie

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Aberson

(Address) 16 Harison st

Filed 8/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 8 (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 8/22 1907 to 8/27 1907 that I last saw h Ee alive on 8/27 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

2 weeks. (DURATION) ... DAYS

Contributory Cardiac Asthenia (DURATION) ... DAYS

(Signed) D. C. Ketzell M. D.

9/29 1907 (Address) 116 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Rosedale Cemet — DATE OF BURIAL: Aug 30 1907

UNDERTAKER: Max Levinson — ADDRESS: 1620 mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C 4286 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 239 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Henry Brown

{Residence, if in Baltimore, Give Street and Number.} 239 N Durham

Duration of Residence in Baltimore. Life C 4286

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR B

DATE OF BIRTH 1

AGE 1 years, months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Morris Brown

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mamie Stewart

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mamie Stewart

(Address) 239 N Durham

Filed 8/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 1.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carrithers M.D.

Address Coroner Md

Date Aug. 29 — 07 190

Place of Burial Asbury

Date August-31- 190 7

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 1097

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 4286

Registered No. B .....

City of Baltimore, (No. 2023 Smallwood St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry James Stevens

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August (Month) 27 (Day) 1907 (Year)

AGE 9 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER John H Stevens

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kirchner

(Address) 2023 Smallwood Street

Filed 8/30 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 27 1907 to Aug 27 1907 that I last saw him alive on Aug 27 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Acute Gastritis. (caused by eating Green Apples)

16 hours (DURATION) ~~DAYS~~

Contributory Convulsions

4 hours (DURATION) DAYS

(Signed) Wm. Grandon D. M. D.

Aug. 27 1907 (Address) 2104 W. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? N.Y.

PLACE OF BURIAL OR REMOVAL Greenlawn Cemetery Saint Matthews

DATE OF BURIAL Aug 30 1907

UNDERTAKER F A Krause Bro

ADDRESS 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 4287 Registered No. B C 4287

24

CERTIFICATE OF DEATH.

(Place of Death.) No. 806 S. Broadway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Josepha Marska.

{Residence, if in Baltimore, Give Street and Number.} 806 S. Bway.

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Houser wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mihal Marski

(Address) 806 S Broadway.

Filed 8/30 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Aug. 27 1907 that I last saw h.er alive on Aug. 27 1907, and that death occurred, on the date stated above, at 6. A. M. CAUSE OF DEATH (Secondary or Immediate)

asthenia.

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis

(DURATION) Half a Year DAYS

(Signed) J. C. Josephson M.D.

Address 4 N. Bway

Date Aug. 29 1907.

Place of Burial H Harrisons.

Date Saturday Aug 31 " 1907

Undertaker M F Sadowski.

Address 903 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4288 Registered No. B C 4288

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward J. Andryszak

{Residence, if in Baltimore, Give Street and Number.} 1711 Lancaster

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 26 1901

AGE: ..... years, 2 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrezj Andryszak

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Katherine Lubiewska

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrezj Andryszak.

(Address) 1711 Lancaster St

Filed 8/29 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Aug 29 1907

that I last saw h... alive on Aug 27 1907

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. Wm. Bowers M.D.

Address 1711 Lancaster

Date Aug 29 1907

Place of Burial St Stanislaus.

Date Friday Aug 30" 1907

Undertaker M. F. Radomski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B C 4289 — 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 Grindall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward F. Hyson

{Residence, if in Baltimore, Give Street and Number.} 207 Grindall St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: ~~3 yrs. 4 mos.~~ 1

AGE: 3 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Charles E. Hyson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ida Kelly

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Hyson

(Address) 207 Grindall St

Filed 8/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: aug 29 1907

I HEREBY CERTIFY, That I attended deceased from aug 22 1907 to aug 29 1907

that I last saw him alive on aug 28 1907,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 7 DAYS

Con'tributory (Primary.) Gastritis

(DURATION) 7 DAYS

(Signed) W. S. Smith M.D.

Address 528 Hanover St

Date aug 29 1907

Place of Burial Greenlawn Hill

Date August 30 1907

Undertaker J E Evans

Address 1418 E Chas St

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

4C

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4290

City of Baltimore, (No. 1015 N Carlton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Gray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: unknown (Month) 1 (Day) Year)

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Hose Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 610 N Carlton St

Filed 8/30 1907

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Aug 29 1907

that I last saw h[illegible] alive on Aug 27 1907

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Pneumonia Lobar

about 10 (DURATION) DAYS

Contributory Diabetes, (DURATION) 3 DAYS

(Signed) C O'Donnell M. D.

Aug 29 1907 (Address) 623 N Carlton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel cemetery — DATE OF BURIAL: Aug 31 1907

UNDERTAKER: Wm J. Johnson — ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C 4891 Registered No. 2

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 731 Raborg St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Glascoe

{Residence, if in Baltimore, Give Street and Number.} 731 Raborg St

Duration of Residence in Baltimore Life

C. 4891

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: 1882

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Glascoe

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Nancy Easter

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cosie Glascoe

(Address) 731 George St

Filed 8/30 1907

HARRY C. ANDERSON Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 28 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) few hours DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) P. J. Martin M.D.

Address 1002 Saf Av

Date Aug 28 1907

Place of Burial Laurel Cem

Date Aug 31 1907

Undertaker Sam'l H. Glass & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4292 Registered No. B [illegible] 120

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Wellman Coale

{ Residence, if in Baltimore, Give Street and Number. } Club Hotel, Bolton St near North

Duration of Residence in Baltimore. All his life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 23 1859
AGE	47 years, 8 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	George B. Coale
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Miss Caroline Dorsey
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Insurance

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Dorsey Coale

(Address) 176 W. Royal Ave

Filed 8/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Aug 29 1907 that I last saw h[illegible] alive on Aug 29 1907, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Arthur M. Shipley, M.D.

Address University Hospital

Date 190

Place of Burial Gr Ev mount

Date August 31st 1907

Undertaker Weyforth Sons Co

Address 300 W Madison Cor Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his notice, to furnish within *eighteen hours after death*, setting forth, as far as the same can be ascertained, deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4293

City of Baltimore, (No. 1517, W. Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mattie W. Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October (Month) 16 (Day) 1868 (Year)

AGE: 38 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Capt. B. Ashby

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary F. Brooks

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Jackson

(Address) 1517 W Lanvale St

Filed 8/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1907 to Aug 29 1907 that I last saw her alive on Aug 29 1907, and that death occurred, on the date stated above, at 8:08 A. M. The CAUSE OF DEATH was as follows:

Septicemia

(DURATION) 4 DAYS

Contributory Abortion, Incomplete. Due to Pelvic cellulitis.

(DURATION) 24 DAYS

(Signed) F. N. Stanton M. D.

190 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: LOUDON PARK. DATE OF BURIAL: AUG 31 1907

UNDERTAKER: Armstrong Denny Co. ADDRESS: 715 Light Street.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH.

Registered No. BC 4294

City of Baltimore, (No. 504, S. Sharp St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert Benedict Lyman

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH April (Month) 24 (Day) 1846 (Year)

AGE 61 years, 4 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR~~ DIVORCED

BIRTHPLACE (State or country) Hagerstown Md

FULL NAME OF FATHER Theodore Benedict Lyman

BIRTHPLACE OF FATHER (State or country) Mass

MAIDEN NAME OF MOTHER Anna M. Albert

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED physician & surgeon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert J. Lyman

(Address)

Filed 8/30 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to August 29 1907 that I last saw him alive on August 29 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Diabetes mellitus

(DURATION) years mos days

Contributory paral of parts of the diabetic-[illegible] nerve. type Penn (DURATION) 10 days

(Signed) John Vansaen M. D.

August 30 1907 (Address) 649 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL Druid Ridge Cemetery | DATE OF BURIAL Aug 31 1907

UNDERTAKER Stewart & Mowen Co | ADDRESS 213 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 4295 Registered No. B C 4295

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine Lamhoff

{Residence, if in Baltimore, Give Street and Number.} 1808 E. Fayette st

Duration of Residence in Baltimore. 56 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1835

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret Michael

(Address) 1808 E. Fayette st.

Filed 8/30" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28- 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to Aug 28 1907 that I last saw h[illegible] alive on Aug 28 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) 60 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) E. C. Wades M.D.

Address 1432 Binney

Date Aug 29- 1907

Place of Burial Holy Redeemer

Date Aug. 31 1907

Undertaker E. J. Hess

Address 1914 E. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 S. Register St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Lyston

{Residence, if in Baltimore, Give Street and Number.} 203 S. Register St.

C. 4296

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 19th 1902

AGE: ....years, ...months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. F. Lyston

BIRTHPLACE OF FATHER (State or country): Washington, D.C.

MAIDEN NAME OF MOTHER: Catherine Gebhardt

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Lyston

(Address) 203 S. Register St.

Filed 8/30/07 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 = 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h... alive on ——— 190

and that death occurred, on the date stated above, at ———

M. CAUSE OF DEATH (Secondary or Immediate.)

Mal Nutrition

(DURATION) ....DAYS

Con'ributory (Primary.)

(DURATION) ....DAYS

(Signed) Thomas Sadler Coroner M.D.

Address 320 N Greene St

Date 190

Place of Burial St. Peters Cem.

Date Aug. 30th 1907

Undertaker Jno A. Inman

Address Bank & Lem Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. [illegible]

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 946 Mason Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucretia Arnall,

{Residence, if in Baltimore, Give Street and Number.} 946 Mason Ave

Duration of Residence in Baltimore. 2 Mos.

C 4297

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Afnes. Am

DATE OF BIRTH: 1845 1 ✓

AGE: 62 years, ✓ months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Talbot Co.

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Arnall

(Address) 946 Mason Ave.

Filed 8/30 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 29th 1907

I HEREBY CERTIFY, That I attended deceased from June 15, 1907 to Aug. 29th 1907 that I last saw h[illegible] alive on Aug. 29th 1907 and that death occurred, on the date stated above, at 1030 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

(DURATION) 4 DAYS

Con'tributory (Primary.) Hypertrophy

Two Months (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave.

Date Aug. 30th, 1907

Place of Burial U.S. National Cemetery

Date August 31 1907

Undertaker Felix B. Pye

Address 102 E. Fulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 01 C.4298 C Registered No. B 04276

CERTIFICATE OF DEATH.

(Place of Death.) No. School Rebecca Walls St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irving Oliver

{ Residence, if in Baltimore, Give Street and Number. } Bath Maine 166

Duration of Residence in Baltimore.

C

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1888
AGE	19 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) HARRY C. ANDREWS, PERMIT CLERK.

(Address)

Filed 8/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH August 25th 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ... that I last saw h... alive on ... 190 ..., and that death occurred, on the date stated above, at ...

... M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Electric Shock, Accidental

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thomas Sudlin Coroner M.D.

Address 320 N Greene St.

Date August 29 1907

Place of Burial Bath Maine

Date August 30 1907

Undertaker Robt Brooks & Son

Address 1209 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B C 4299 4

C 4299

CERTIFICATE OF DEATH.

(Place of Death.) No. 1023 Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Head

{Residence, if in Baltimore, Give Street and Number.} 1023 Madeira St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 10 1892

AGE 5 years 4 months 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER W. A. Head

BIRTHPLACE OF FATHER (State or country) City.

MAIDEN NAME OF MOTHER Emma V. Floyd

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. A. Head

(Address) 1023 Madeira

Filed 8/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Aug 29 1907 that I last saw h e alive on Aug 29 1907 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

2 weeks (DURATION) DAYS

Con'tributory (Primary.) asthenia

Typhoid Fever (DURATION) 2 DAYS

(Signed) E. E. Muse M.D.

Address 2 S. Columbia Av

Date Aug 30 1907

Place of Burial Western Cem

Date Aug 31 1907

Undertaker W. J. Tuckerstons

Address Camden & Baca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120

C 4300

CERTIFICATE OF DEATH.

Registered No. B C 4300

City of Baltimore, (No. 2232 Wilkens av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Henry Hessenauer

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 23d 1878
(Month) (Day) (Year)

AGE 29 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George L Hessenauer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmina Heckman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. E. Hessenauer

(Address) 2232 Wilkens Ave

Filed 8/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 28 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to August 28 1907 that I last saw h[er] alive on Aug 27 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Nephritis
(Brights Disease)

(DURATION) DAYS

Contributory Cardiac failure
Oedema (DURATION) 14 DAYS

(Signed) Joseph E Spielman M. D.

Aug 28 1907 (Address) 1516 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Baltimore Cem | DATE OF BURIAL Aug 31 1907

UNDERTAKER H. J. Tickner & Sons | ADDRESS 425 N. Camden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 430 Registered No. B 112

CERTIFICATE OF DEATH. C 4301

(Place of Death.) No. 1606 N. Montford ave. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Franch F. Boykin

{ Residence, if in Baltimore, Give Street and Number. } No. 1606 N. Montford ave.

Duration of Residence in Baltimore. Twenty-three (23) years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 7, 1861

AGE: 45 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: William Boykin

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Elizabeth Vaugh

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Augusta Boykin

(Address) No. 1606 N. Montford

Filed 8/30 1907 EMMA C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21, 1907.

I HEREBY CERTIFY, That I attended deceased from July 7, 1907 to August 21, 1907 that I last saw him alive on Aug. 20, 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver.

Several months (DURATION) DAYS

Contributory (Primary.) General Dropsy

Several weeks (DURATION) DAYS

(Signed) R. R. Elwell, M.D.

Address 1741 Harford ave

Date August 22, 1907

Place of Burial London Park

Date Aug 31, 1907

Undertaker J. S. Lee & Son

Address 1006 N. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 4302

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. House of The Good Shepherd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Armiger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Sewing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sisters of the Good Shepherd

(Address) Mount St Helens Md

Filed 8/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 29th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1907 to Aug 29th 1907

that I last saw h Ex alive on Aug 28th 1907

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

9 months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. F. Leuchtenaud M. D.

1907 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 31 1907

UNDERTAKER: John J Fahey

ADDRESS: 1253 Fulton Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 4303 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1237 S. Hare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Pavuk

{ Residence, if in Baltimore, Give Street and Number. } 1237 S. Hareet

C. 4303

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: [illegible] years, 2 months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Pavuk

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Anna Stefan

BIRTHPLACE OF MOTHER (State or country): Penn.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Pavuk

(Address) 1237 S Hareet

Filed 8/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 25 1907 to Aug 29 1907

that I last saw h[illegible] alive on Aug 28 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or immediate.)

Enteritis (DURATION) DAYS

Contributory (Primary.) Gastro Enteritis (DURATION) 5 DAYS

(Signed) C. N. Athey M.D.

Address 2 Hudson Pl

Date Aug. 29th 1907

Place of Burial Holy Redeemer

Date Aug. 30 1907

Undertaker Girard Bach

Address 1709 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4504

CERTIFICATE OF DEATH.

944

(Place of Death.) No. Bay View Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Coleman.

{ Residence, if in Baltimore, Give Street and Number. } Bay View

C. 4304

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 64 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balt	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Painter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hall Supt.

(Address) BAY VIEW ASYLUM.

Filed 8/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to Aug 30 1907 that I last saw h alive on Aug 30 1907 and that death occurred, on the date stated above, at 4 45 a M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) 1 DAYS

Con'ributory (Primary.) Pleurisy –

~~Mitral~~ Endocarditis (DURATION) DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Aug 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL AUG 30 1907

Date 190

Undertaker Wm. J. Woodlen

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

204

CERTIFICATE OF DEATH.

154

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Lee Boston.

{ Residence, if in Baltimore, Give Street and Number. } #5 Bell St.

C. 4305

Duration of Residence in Baltimore. Life,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Aug 13 1907

AGE: ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): #5 Bell St.

FULL NAME OF FATHER: William Lee.

BIRTHPLACE OF FATHER (State or country): So. Carolina.

MAIDEN NAME OF MOTHER: Clara Boston

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 8/30 1907

HARRY C. ANDREWS,
PERMIT CLERK,
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 29 1907 that I last saw h..... alive on Aug 29 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) Life

Contributory (Primary) Premature

1st Wk (DURATION) DAYS

(Signed) Walter D. Price M.D.

Address City Hospital

Date Aug 30 1907

Place of Burial .....

Date ..... 190..

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20 7

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4306

Registered No. B .....

City of Baltimore, (No. 1231, Myrtle Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Carroll Schamberger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 19 (Day) 1907 (Year)

AGE: ..... years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Schamberger

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Florence Nitsch

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Schamberger

(Address) [redacted] Myrtle Ave

Filed 8/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Aug 29 1907

that I last saw him alive on Aug 29 1907,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonitis

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E Miles Wheeler M. D.

Aug 29 1907 (Address) 2129 N Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Aug 31 1907

UNDERTAKER: M. Fahey & Sons

ADDRESS: 606 Lafayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

105

CERTIFICATE OF DEATH.

(Place of Death.) No. The Mercy Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Keller

{ Residence, if in Baltimore, Give Street and Number. } 1029 Hillen St.

C. 4307

Duration of Residence in Baltimore. 8 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Max. Keller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Adel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Keller

(Address) 1029 Hillen St

Filed 8/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Aug 29 1907 that I last saw h[illegible] alive on Aug 29 1907, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Ileo colitis

6 wks (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) J. McLane Jr M.D.

Address 804 Cathedral St.

Date Aug 30 - 07 1907

Place of Burial Oak Lawn Cem

Date 8/31/07 1907

Undertaker J. Herwig Son

Address 2008 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

56

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Farraghen

{Residence, if in Baltimore, Give Street and Number.} 2030 York Road.

Duration of Residence in Baltimore. 3 years. C 4308

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR White

DATE OF BIRTH 1

AGE 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) N. York —

FULL NAME OF FATHER Unknown —

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Barkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Roddy

(Address) 2030 York Road

Filed Aug 31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

C.A.C.B.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 28 — 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Aug 28 1907

that I last saw him alive on Aug 28 1907

and that death occurred, on the date stated above, at 2 10

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 2 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) H H Baker M.D.

Address Balto City Hospital

Date Aug 28 1907

Place of Burial Geneva N.Y.

Date Aug 30 1907

Undertaker C A Weidefeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

106

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4309

City of Baltimore, (No. 246 S. Regester St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carl Jos. Snack

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 2 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Charles Snack

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Annie Frasel

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Snack

(Address) 246 S. Regester st.

Filed Aug 31 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 29 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Aug 29 1907 that I last saw him alive on Aug 29 1907, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

5 (DURATION) DAYS

Contributory Convulsions —

— (DURATION) DAYS

(Signed) Frank A Brissler M. D.

Aug 31 1907 (Address) 1713 Bank st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Holy Redeemer | DATE OF BURIAL Aug 31st 1907

UNDERTAKER Kendall & Lippel Bros | ADDRESS 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 Slemmers Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Fabrinacci

{Residence, if in Baltimore, Give Street and Number.} 216 Slemmers Alley

Duration of Residence in Baltimore. Life C 1310

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Bello. Md.

FULL NAME OF FATHER Frank Fabrinacci

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. B. Roberts

(Address) 217 Presidt st

Filed Aug 31 1907

MARY C. ANDREWS, PERMIT CLERK

Registrar

C & R R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to death 190—

that I last saw h[illegible] alive on Aug 29 1907,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 2 DAYS

Contributory (Primary.) Dentition

(DURATION) 30 DAYS

(Signed) A. A. Bendick M.D.

Address 7 South Broadway

Date Aug 30 1907

Place of Burial St. Vincent

Date Aug 31" 1907

Undertaker Trudell Lippel & Son

Address 330 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

105

(Place of Death.) No. The Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Homer Harris

{Residence, if in Baltimore, Give Street and Number.} 2137 Hanover St.

Duration of Residence in Baltimore. born C.4311

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH 1

AGE — years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Ira Harris

BIRTHPLACE OF FATHER (State or country) W. Va.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) W. Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Gracth

(Address) 2130 Eden Ave

Filed 8/31 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Aug 29 1907 that I last saw h— alive on Aug 29 1907, and that death occurred, on the date stated above, at ——M. CAUSE OF DEATH (Secondary or Immediate.)

Ileo colitis.

(DURATION) 2 mos DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. Parkhurst Jr. M.D.

Address 804 Cathedral St.

Date Aug 30 " 1907

Place of Burial Wesley Chapel W. Va

Date Aug 31" 1907

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 823 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wizenty Skutnick

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. Life time C. 1910

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 15 1907

AGE: ..... years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Rocky Skutnick

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Teresia Zwolinska

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Teresia Skutnick

(Address) 823 S. Bond st

Filed 8/31/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31 1907

I HEREBY CERTIFY, That I attended deceased from August 20 1907 to August 20 1907 that I last saw him alive on August 20 1907, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diarhoea (DURATION) 20 DAYS

Contributory (Primary)

Exhaustion (DURATION) 10 DAYS

(Signed) J. J. Szwarlski M.D.

Address 722 S. Ann

Date August 31 1907

Place of Burial Holy Rosary

Date September 1st 1907

Undertaker Jacob Fiałkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 220 Myrtle Av St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Louisa Gordon

{ Residence, if in Baltimore, Give Street and Number. } 220 Myrtle av

Duration of Residence in Baltimore. 36 yrs

C 4313

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jeremiah McCovington

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary McCovington

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Jordan

(Address) 220 Myrtle ave

Filed 8/31 190.

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Augst 29 190 7

I HEREBY CERTIFY, That I attended deceased from July 16 190 7 to Augst 29 190 7

that I last saw her alive on Augst 28 190 7

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mucous Obstruction of the Heart

(DURATION) 60 DAYS

Contributory (Primary.) old age

(DURATION) 60 DAYS

(Signed) John H Huel M.D.

Address 647 N Dolphin ave

Date Augst 29 190 7

Place of Burial Mt Auburn Cemetery

Date September 1 190 7

Undertaker Isaac Brown

Address 565 W. Dolphin st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

79

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4314

City of Baltimore, (No. 1022, Hopkins Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Parrish

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Sept (Month) 13 (Day) 1839 (Year)
AGE	68 years, 11 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Balto. md.
FULL NAME OF FATHER	Wm. Parrish
BIRTHPLACE OF FATHER (State or country)	Balto. md.
MAIDEN NAME OF MOTHER	Mary Williams
BIRTHPLACE OF MOTHER (State or country)	Balto md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Parrish

(Address) 1022 Hopkins ave

Filed 8/31 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 29th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to Aug 29 1907 that I last saw h[im] alive on Aug 29 1907, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Organic Heart Disease

A year at least (DURATION) DAYS

Contributory (Asthenia

Dis. Incrytle (DURATION) DAYS

(Signed) J. B. Schwatka M. D.

Aug. 30 1907 (Address) 1003 N. B'way

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL Balto. Cemetery — DATE OF BURIAL Sept 1st 1907

UNDERTAKER Wm. J. Schaeffer & Co. — ADDRESS E. Fayette St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. #421 N. Glover St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew C. Bartholomey

{ Residence, if in Baltimore, Give Street and Number. } #421 N. Glover St. C. 4215

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Oct 7th 1865 1

AGE: 41 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: GeO Bartholomey

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

Germany

12

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Mch 7 1907 to Aug 28 1907 that I last saw h~~im~~ alive on Aug 28 1907, and that death occurred, on the date stated above, at 3/30 P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Emaciation

superinduced by

Carcinoma of Stomach

about

(DURATION) 2yrs

Contributory (Primary)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, upon notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **birthplace, occupation, cause and date of death.**

Ward 7 — Registered No. B 113 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2232 Canton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carolina Rolfes

{Residence, if in Baltimore, Give Street and Number.} 2232 Canton Ave.

Duration of Residence in Baltimore. about 50 years C 4316

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 13th 1837
AGE	70 years, 6 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Rolfes

(Address) 1307 Highland Ave.

Filed 8/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1907 to Aug 29 1907 that I last saw h alive on Aug 29 1907, and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Suppressions of Urine — Uraemia Coma

(DURATION) one DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) — DAYS

(Signed) Geo L Wilkins M.D.

Address 6 N. Bond

Date Aug. 30 1907

Place of Burial Holy Redeemer Cem.

Date Sept. 2nd 1907

Undertaker Germanus Thanz

Address Hanly & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 815 Eastern ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Crow (Crowe)

{Residence, if in Baltimore, Give Street and Number.} 815 Eastern ave

Duration of Residence in Baltimore. Life

C 4317

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Sept 16 1889

AGE: 18 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Crow

BIRTHPLACE OF FATHER (State or country): Louisville Ky

MAIDEN NAME OF MOTHER: Emma Pelbett

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. J. J. Valentine

(Address) 116 S. Broadway

Filed 8/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from April 1907 to Aug 24 1907

that I last saw h alive on Aug 24 1907

and that death occurred, on the date stated above, at 3 M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

6 (DURATION) — DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 116 S Broadway

Date Aug 30 1907

Place of Burial New Cathedral Cemetery

Date Sept 2 nd 1907

Undertaker Germanus France

Address 1 Banks & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 412 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Angelina Pistorino

{ Residence, if in Baltimore, Give Street and Number. } 412 N. Eden Street

Duration of Residence in Baltimore. Lifetime C.43rd

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 20 August 1907

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Giuseppe Pistorino

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Domenica Pistorino

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavio DiMatteo

(Address) 207 S. Wolfe St

Filed 8/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 30 August 1907

I HEREBY CERTIFY, That I attended deceased from 27 Aug 1907 to 30 Aug 1907 that I last saw h— alive on 30 Aug 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility,

..... (DURATION) 7 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Barnaba M.D.

Address 204 N. Bremerton

Date 31 August 1907

Place of Burial St. Vincents Cem.

Date Aug. 31 1907

Undertaker Germano Lanci

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

Ward 17 Registered No. B C 4319

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 223 S. Vincent Place St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara E. Rush

{ Residence, if in Baltimore, Give Street and Number. } 223 S. Vincent Place

Duration of Residence in Baltimore. Life

C. 4319

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White.

DATE OF BIRTH: 1

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm. Dougherty

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ella. E. McKeldy.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Rush.

(Address) 223 S. Vincent St.

Filed 8/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29th 1907

I HEREBY CERTIFY, That I attended deceased from March 27th 1907 to Aug 29th 1907

that I last saw her alive on Aug 29th 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

3 mos — (DURATION) DAYS

Contributory (Primary) Pulmonary tuberculosis

5 Mos (DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard

Date Aug 30th 1907 1907

Place of Burial Loudenslager

Date Aug 31 1907

Undertaker Wm Cook

Address 1502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B C 4320

CERTIFICATE OF DEATH.

(Place of Death.) No. 1749 E. Oliver St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jane Frances

{Residence, if in Baltimore, Give Street and Number.} 1749 E Oliver St.

Duration of Residence in Baltimore. Life.

C. 4320

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Robert Frances

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Brooks

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Robinson

(Address) 1749 E. Oliver St.

Filed 8/31 190 7

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 190 7 to Aug 30 190 7

that I last saw her alive on Aug 29 190 7,

and that death occurred, on the date stated above, at 8 A.M.

CAUSE OF DEATH (~~Secondary or Immediate~~,) Pneumonia (Tuberculer)

(DURATION) 17 DAYS

Contributory (~~Primary~~) Cystitis

(DURATION) — DAYS

(Signed) R. Johns M.D.

Address 1501 N Bond St.

Date Aug 31 1907

Place of Burial Greenmount

Date Sept. 1 190 7

Undertaker Lowe Cook

Address 1502 E North ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4321

Registered No. B .....

City of Baltimore, (No. 2701, Boone St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nora C. Dwyer

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

COLOR W

DATE OF BIRTH July 14 1901
(Month) (Day) (Year)

AGE ..... years, 1½ months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John B. Dwyer.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Nora Mannon

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Dwyer

(Address) 2701 Boone St

Filed 8/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1907 to Aug 30 1907 that I last saw h Er alive on Aug 30 1907, and that death occurred, on the date stated above, at 8-30 A. M. The CAUSE OF DEATH was as follows:

Ileo-Colitis.

..... (DURATION) 10 DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H Wilbadder M. D.

Aug 30 1907 (Address) 2631 Ford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Holy Cross — DATE OF BURIAL Sept 1 1907

UNDERTAKER E. C. Weidefeld & Sons — ADDRESS 213 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 910 Burgundy alley St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Hattie Whitehead

{Residence, if in Baltimore, Give Street and Number.} 910 Burgundy alley

Duration of Residence in Baltimore. 13 months C 4328

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 14 1906

AGE: 1 years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Richard Whitehead

BIRTHPLACE OF FATHER (State or country): Md,

MAIDEN NAME OF MOTHER: Lulie Browning

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J M Dellett

(Address) 623 Columbia Avg

Filed 8/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30, 1907

I HEREBY CERTIFY, That I attended deceased from June 15 1907 to Aug 30 1907

that I last saw her alive on Aug 30 1907

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Enteritis

(DURATION) DAYS

(Signed) J. M Dellett M.D.

Address 623 Columbia Avg

Date Aug 31 1907

Place of Burial Laurel Md

Date Sept 1st 1907

Undertaker John O'Feile

Address 1200 N. Gaylord st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 4323 Registered No. .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 645 Columbia Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmine Scheidt

{ Residence, if in Baltimore, Give Street and Number. } 645 Columbia Ave.

Duration of Residence in Baltimore. 49 Years. C.4323

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 1850

AGE 56 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER William Reuter

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Henriette Wetekam

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Reuter

(Address) 810 Ridgely St.

Filed 8/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 30 1907

that I last saw her alive on Aug 30. 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

(DURATION) 10 yrs DAYS

Contributory (Primary) Collapse

(DURATION) 2 DAYS

(Signed) J. B. Wilson M.D.

Address 1735 Hollins St

Date Aug 31 1907

Place of Burial Loudon Park Cem

Date Sept. 2nd 1907

Undertaker Mr. & Mrs. John H. Teufel

Address 201 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Thomas Wilson Sanitarium St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grayson Schisler

{Residence, if in Baltimore, Give Street and Number.} 910 N. Pratt Street

Duration of Residence in Baltimore. 6 months

C 4824

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 0 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: -

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: Annie Schisler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Schisler

(Address) 901 Hollins St

Filed 8/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Aug 29 1907

that I last saw h.. alive on Aug 29 1907,

and that death occurred, on the date stated above, at 9:35 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition

Dyspepsia Diarrhea

(DURATION) 2 Months

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. T. McKenney Jr. M.D.

Address 714 Cathedral St

Date Aug 30 '07

Place of Burial St. Peters Cemetery

Date Aug 31st 1907

Undertaker John J. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Ramsey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman E. Thomas

{Residence, if in Baltimore, Give Street and Number.} 1533 Ramsey. C 4825

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1906

AGE: 1 years, 0 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John L. Thomas

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Carrie N. Meile

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie N. Thomas

(Address) 1533 Ramsey St.

Filed 8/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1907 to Aug 30th 1907

that I last saw him alive on Aug 29th 1907,

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 3 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 11 DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard

Date August 30th 1907

Place of Burial Western Cemetery

Date Aug 31st 1907

Undertaker Geo. W. Reidlemoser

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

8

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Shultz.

{Residence, if in Baltimore, Give Street and Number.} Glencoe – Balto Co. Md.

Duration of Residence in Baltimore. 7 days. C. #326

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Shultz

(Address) Glencoe Balto Co Md

Filed 8/31 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Aug 30 1907 that I last saw h[im] alive on Aug 30 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) — DAYS

Contributory (Primary.) Exhaustion (DURATION) 6 DAYS

(Signed) R. H. Ecker M.D.

Address City Hospital

Date Aug 29 1907

Place of Burial Parkton Md

Date Sept 1 1907

Undertaker A. J. Ellinwood

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4327

CERTIFICATE OF DEATH.

(Place of Death.) No. The Emerson Hopkins & Boyd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas D. Woodward

{ Residence, if in Baltimore, Give Street and Number. } 708 N. Franklin St

Duration of Residence in Baltimore. Lifetime C 1327

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1840	
AGE: 67 years, ... months, ... days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: William Woodward	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: Virginia Burneston	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: Clerk	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Phelps

(Address) Walbrook & 13th Sts

Filed 8/31 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August 30 1907

I HEREBY CERTIFY, That I attended deceased from August 28 1907 to August 30 1907 that I last saw him alive on August 30 1907 and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate) Cancer Metastasis in Groin Coma

(DURATION) Do one hours DAYS

Contributory (Primary) Cancer in Groin

(DURATION) Do one hours DAYS

(Signed) ..... M.D.

Address The Emerson Hopkins & Boyd

Date August 31 1907

Place of Burial Greenmount

Date Sept 1st 1907

Undertaker Newcomer Lee Co

Address 300 N. Gilmor cor Monroe

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael Birmingham

{Residence, if in Baltimore, Give Street and Number.} Bay View.

C4328

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Michael Birmingham

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Logue

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Shirt Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 431 Bradford Ave

Filed 8/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 29 1907

that I last saw h alive on Aug 29 1907,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

(DURATION) — DAYS

Con'tributory (Primary Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Aug 30 1907

Place of Burial Cathedral

Date Sept 1 st 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 417 E. Madison St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph McCormick

{ Residence, if in Baltimore, Give Street and Number. } 417 E. Madison

C. #329

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 15 — 1843

AGE: 63 years, 8 months, 15 days

~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: dont know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter.

(Address) 417 E Madison St

Filed 8/31 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30th 1907

I HEREBY CERTIFY, That I attended deceased from 23rd Aug 1907 to 30th Aug 1907

that I last saw him alive on 29th Aug 1907,

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Dysentery (DURATION) 19 DAYS

(Signed) C. E. Rawers M.D.

Address 859 N. Charles St

Date Aug 31st 1907

Place of Burial St Vincents

Date Sept 2 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery o Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marian Estelle Slaser.

{ Residence, if in Baltimore, Give Street and Number. } No C.H.

Duration of Residence in Baltimore. Life

C 4230

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 6th 1907

AGE: ..... years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto-Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): , ,

MAIDEN NAME OF MOTHER: , ,

BIRTHPLACE OF MOTHER (State or country): , ,

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) No C.H.

Filed 8/31 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31st 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Aug 27 1907 that I last saw h— alive on Aug 26 1907, and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate)

Summer Diarrhoea

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Edw. Magruder M.D.

Address 922 Madison Ave.

Date 190

Place of Burial Aug 31 1907

Date Loudon Park 190

Undertaker H. E. Sauppe

Address C. W. Blizzard & Co

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice; to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy Sharp

{Residence, if in Baltimore, Give Street and Number.} 911 Parrish St.

Duration of Residence in Baltimore. 13 Years C. H. 8731

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: January 1

AGE: 13 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Sharps

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Black

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sharps

(Address) 912 Parrish St

Filed 8/31 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Aug 30 1907

that I last saw h— alive on Aug 30 1907

and that death occurred, on the date stated above, at 10:30

CAUSE OF DEATH (Secondary or Immediate.)

Bronchial Pneumonia.

Con Work. (DURATION) 0 DAYS

Con'ributory (Primary) Typhoid Fever (DURATION) 21 DAYS

(Signed) W. W. Bowen M.D.

Address 712 Lemmard Ave.

Date Aug 30 1907

Place of Burial Mt. Auburn

Date Sept 1 1907

Undertaker Robt. L. Parham Co.

Address 1213 Parrish St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 231 Ann St.

(If Death occurred in a Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellenora Potter

{ Residence, if in Baltimore, Give Street and Number. } 231 Ann St.

Duration of Residence in Baltimore. Life

C 4332

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 1st 1866
AGE	41 years, 7 months, 29 days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	John W. Cardy
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Sarah E. Charles
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Franklin Potter

(Address) 231 N. Ann St.

Filed 8/31/07

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28th 1907 to Aug 30th 1907

that I last saw her alive on Aug 29th 1907

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) DAYS

Con'tributory (Primary.) Organic Heart Disease (DURATION) 1 yr. DAYS

(Signed) Elijah J. Russell M.D.

Address 1413 E. Broadway

Date Aug 30th 1907

Place of Burial Baltimore Cemetery

Date September 1st 1907

Undertaker Jos. A. Saffell

Address 1223 E. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

18

CERTIFICATE OF DEATH.

40V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dennis J. Scully

C 4333

{ Residence, if in Baltimore, Give Street and Number. } 907 N. Monroe St.

Duration of Residence in Baltimore. All life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1860
AGE	47 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John Scully
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine Hoben
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Scully

(Address) 1703 Edmondson Ave

Filed 8-31- 190 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Aug 31 1907

that I last saw h— alive on Aug 31 1907 8 A.M. and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Stomach (Cystic) (DURATION) DAYS

(Signed) Arthur M Shipley M.D.

Address University Hospital

Date Aug 31 1907

Place of Burial New Cathedral

Date Sept 2nd 1907

Undertaker M. Healy & Son

Address 606 & 608 N Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 903 S. Streeper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward C. Turner

{Residence, if in Baltimore, Give Street and Number.} 903 S. Streeper St.

Duration of Residence in Baltimore. Life

C 4334

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 24th 1907

AGE: — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward C. Turner

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary C. Selig

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward C. Turner

(Address) 903 S. Streeper St.

Filed 8-31- 1907 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Aug. 31 1907 that I last saw him alive on Aug 29 1907. and that death occurred, on the date stated above, at 10.10 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) DAYS

Contributory (Primary.)

Asthenia (DURATION) 7 DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton St.

Date Aug 31 1907

Place of Burial Baltimore County

Date Aug 31st 1907

Undertaker H. SANDER & SONS,

Address 1703-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. . *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

C. 493

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1830 McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Isenberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: December (Month) 18 (Day) 1832 (Year)

AGE: 74 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: David Millhauser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Buddenheser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mosses Isenberg

(Address) 1830 McCulloh St

Filed 8-31- 1907 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 22 1907 to Aug 29 1907 that I last saw h[illegible] alive on Aug 29 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Partial Paralysis

Duration: Days

Contributory: Atheroma — Hypostatic pneum.

5 days (DURATION) DAYS

(Signed) Joseph Blumm M. D.

Aug 31 1907 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Dicks Sholam Cem — DATE OF BURIAL: Aug 31 1907

UNDERTAKER: J Abrecus Co — ADDRESS: 75 [illegible] Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Ward 17

CERTIFICATE OF DEATH.

174

(Place of Death.) No. St. Vincents Infant Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno Wm Glee

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf. Asy't

C. 4236

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: years; 7 months, 22 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. Inf. Asy.

Filed 8/31" 1907

HARRY C. ANDREW Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea

Marasmus.

....(DURATION).... DAYS

Con'ributory (Primary.)

....(DURATION).... DAYS

(Signed) Patrick J Martin M.D.

Address

Date Aug 30 1907

Place of Burial New Cathedral

Date Aug 31st 1907

Undertaker Martin Fahey

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

CERTIFICATE OF DEATH.

157

(Place of Death.) No. St. Vincents Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Heil

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

CH 320

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf Asy.

Filed 8/31" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Ignition

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address

Date Aug 30 1907

Place of Burial New Cathedral

Date Aug 31 st 1907

Undertaker Martin Fahey

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asy'l St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Dill

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

C 4336

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy.

Filed 8/31 1907

HARRY C. ARBOGAST, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 29 1907

I HEREBY CERTIFY, That I attended deceased from

— 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Markii M.D.

Address

Date Aug 30 1907

Place of Burial New Cathedral

Date Aug 31st 1907

Undertaker Martin Fahey

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estelle Briere

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

C. 4339

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy.

Filed 8/31" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

..... Pneumonia .....

..... 1/ .....

..... (DURATION) 2 DAYS

Con'tributory (Primary.) .....

Exposure ..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address .....

Date Aug 30 1907

Place of Burial New Cathedral

Date Aug 31st 1907

Undertaker Martin Fahey

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent's Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Hartmann

{Residence, if in Baltimore, Give Street and Number.} St Vincents

C. 4310

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: years, 7 months, 23 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	—
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 8/31" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus.

(DURATION) ..... DAYS

Con'tributory (Primary.)

Pneumonia (DURATION) 30 DAYS

(Signed) Patrick F Martin M.D.

Address

Date Aug 30 1907

Place of Burial Mt. Olivet Cem.

Date Aug 31" 1907

Undertaker Martin Fahey

Address 606 Lafayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 4341 Registered No. B C 4341

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 103 S. Exeter St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mirel Abramowitz

{ Residence, if in Baltimore, Give Street and Number. } 103 S. Exeter Street

Duration of Residence in Baltimore. 8 mo. & 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH about December 29 1907

AGE ..... years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Hertz Abramowitz

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Briny Kohlman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Grocery man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Abramowitz

(Address) 103 S. Exeter St

Filed 9/1 1907 HARRY C. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Aug 31 1907 that I last saw her alive on Aug 31 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Meningitis

(DURATION) 7 DAYS

Con'tributory (Primary.) Bronchitis

(DURATION) 3 DAYS

(Signed) Max Kinstler M.D.

Address 1528 East Baltimore St

Date August 31 1907

Place of Burial Philadelphia Road Rest Chapel

Date Sep. 1th 1907

Undertaker Max Levinson

Address 1620 McCaldrey St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4342

City of Baltimore, (No. 1516, Montrose St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Millie Butler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Bl.

DATE OF BIRTH: ~~Aug~~ ~~30~~ 1875 ~~1907~~ (Month) (Day) (Year)

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H Butler

(Address) 506 Montrose

Filed 9/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Aug 30 1907

that I last saw h.. alive on Aug 30 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Bronchitis

Catarrhal

(DURATION) 14 DAYS

Contributory General Debility

(DURATION) 2 DAYS

(Signed) B F Gruesch M. D.

Aug 30 1907 (Address) 1514 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cem

DATE OF BURIAL: Sept 3 1907

UNDERTAKER: Jam's H Chas Kin

ADDRESS: 1011 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Note House 1516 Montrose St should be numbered as 506 T. B.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 4343 Registered No. B C 4343

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 820 Woodyear St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Comadore

{Residence, if in Baltimore, Give Street and Number.} 820 Woodyear St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH Aug 31st 1907

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph Comadre

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Bertha Smith

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank

(Address) 820 Woodyear St

Filed 9/11 1907 HARRY C. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Aug 30 1907

that I last saw him alive on Aug 30 1907

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

Suicide

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Monk M.D.

Address 638 N Gilmor

Date Aug 31 1907

Place of Burial Mt Auburn Cem

Date Sept 1 1907

Undertaker Sam'l H. Chase Son

Address 1811 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4344

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1052

CERTIFICATE OF DEATH.

C 4344

Registered No. B.....

City of Baltimore, (No. 1615, Lancaster St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosie Kalopska

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female.
COLOR	White
DATE OF BIRTH	Aug. (Month) 30 (Day) 1907 (Year)
AGE	1 years, 4 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Boleslof Kalopska
BIRTHPLACE OF FATHER (State or country)	Europe.
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Europe —
OCCUPATION OF DECEASED	None —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Boleslof Kalopski

(Address) 1615 Lancaster St

Filed 9/1/07 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Aug 30 1907

that I last saw her alive on Aug 30 1907,

and that death occurred, on the date stated above, at 4 30 M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 1 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Geo T Smaeke M. D.

Aug 31 1907 (Address) 1957 E. Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	Holy Rood.
DATE OF BURIAL	Sept 1" 1907
UNDERTAKER	M. S. Sadowski
ADDRESS	1927 E. Monument St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — C 4345 — Registered No. B C 4345

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Barnes -

{Residence, if in Baltimore, Give Street and Number.} Oxford Md.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1901

AGE: 6 years, 6 month's, days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Single

BIRTHPLACE (State or country): Oxford Md.

FULL NAME OF FATHER: James F Bonds

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lydia M. Jenkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James F Bond.

(Address) Oxford Md

Filed 9/1" 1907

HARRY C. ANDR[illegible]
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31, 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1907 to Aug 31 1907

that I last saw h[illegible] alive on Aug 31 1907

and that death occurred, on the date stated above, at 12 M.

~~M.~~ CAUSE OF DEATH (Secondary or Immediate)

Apnea

(DURATION) DAYS

Contributory (Primary) * Tetanus

(DURATION) DAYS

(Signed) William W. Bowling M.D.

Address Md. General Hosp.

Date Aug 31 1907

Place of Burial Lot of Wesley Bond Oxford Md

Date Sept 3rd 1907

Undertaker Sam'l H. Chase Store

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

* Accidentally stepped on a nail

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C 4346

C 4346

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 W Barre St (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Willie G. Williamson

{ Residence, if in Baltimore, Give Street and Number. } 715 W. Barre St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH JUL 20 1907 1

AGE ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Floyd Hilkerson

BIRTHPLACE OF FATHER (State or country) Richmond, Va.

MAIDEN NAME OF MOTHER Willie Hilkerson

BIRTHPLACE OF MOTHER (State or country) Baltimor Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Floyd Hilkerson

(Address) 715 W. Barre St

Filed 9/1 1907

HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28th 1907 to Aug 31st 1907

that I last saw h alive on Aug 31st 1907

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or immediate)

Acute Enteritis
Asthenia.

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Aug 31st 1907

Place of Burial London Park Cemetery

Date SEP 1 1907 1907

Undertaker H & E Tilley

Address 807 Ridgely St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... C 4347 Registered No. B.....

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Smith

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col

DATE OF BIRTH: ..... 1.....

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Alabama.

FULL NAME OF FATHER: Samuel Smith

BIRTHPLACE OF FATHER (State or country): A. B.

MAIDEN NAME OF MOTHER: Mary Smith

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson Smith

(Address) 1531 Argile ave

Filed 9/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from Mar 18 1907 to Aug 31 1907

that I last saw h.. alive on Aug 31 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure

(DURATION) 2 DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D. M.D.

Address Bay View

Date Aug 31 1907

Place of Burial Asbury Memorial

Date Sept 4 1907

Undertaker R. A. Elliott

Address 506 Rogers ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 4348 Registered No. B C 4348

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 130 N Durham St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emile Bakes

{Residence, if in Baltimore, Give Street and Number.} 130 N Durham

Duration of Residence in Baltimore. 9 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR B

DATE OF BIRTH 1

AGE 57 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Sarah Smith

(Address) 130 N Durham St

Filed 9/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease Sudden

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Geo Gin Summers M.D.

Address Coroner

Date Aug 30 — 1907

Place of Burial Asbury Cemetery

Date Sept 1 1907

Undertaker P. A. Elliott

Address 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 4349 Registered No. B C 4349

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1702 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie Johnson

{Residence, if in Baltimore, Give Street and Number.} 1702 Division St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 year, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mrs Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Johnson

(Address) 1702 Division

Filed 9/1 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Aug 31 1907

that I last saw her alive on Aug 31 1907,

and that death occurred, on the date stated above, at 3 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno E Blanke M.D.

Address 1701 Pa ave

Date Aug 31 1907

Place of Burial Mt Auburn

Date Sept 1 1907

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4350 Registered No. B C 4350

154v

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 S Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Forman

{ Residence, if in Baltimore, Give Street and Number. } 209 S. Exeter St.

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Israel Hoffman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Anne Cohen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Forman

(Address) 209 S exeter st.

Filed 9/1 1907

HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-1 = 1907

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on ~ 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Simon Sadler M.D.

Address 320 ½ Greene St

Date Sep. 1 1907

Place of Burial Phila. Rd. Mt. Carmel Cem.

Date Sep. 1 1907

Undertaker Max Levenson

Address 1620 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — C 4351 — Registered No. B 1067

CERTIFICATE OF DEATH.

(Place of Death.) No. 863 Stockholm St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Geo White.

{Residence, if in Baltimore, Give Street and Number.} 863 Stockholm St

Duration of Residence in Baltimore. 47 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Arthur White

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Wilson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Sulvier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm White

(Address) 863 Stockholm

Filed 9/1/07 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug. 30th 1907 11 P.M.

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 30 1907

that I last saw him alive on Aug 29 1907

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate

Gastro Intestitis 28 DAYS (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. McKolee M.D.

Address 507 S. Paca St.

Date Aug 31st 1907

Place of Burial Mt. Auburn

Date Sept 1 1907

Undertaker Frost-Toadvine

Address 1412 W. Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4352 Registered No. B C 4352

17 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Locust Pl - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Keys

{Residence, if in Baltimore, Give Street and Number.} 1119 Bristol

Duration of Residence in Baltimore. 33 -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Isaac Keys

(Address) 1119 Bristol St.

Filed 9/1 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from August 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Drowned, accidentally falling overboard while at work at Locust Pt

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilchrist M.D.

Address 211 N. Lanvale

Date Aug 31, 1907

Place of Burial Mt Auburn

Date Sept 1 1907

Undertaker Jno N. Snodgrass

Address 142 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 4353 Registered No. B C 4353

1791

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Hazel Goonan

{ Residence, if in Baltimore, Give Street and Number. } 1410 W. Pratt St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	white

DATE OF BIRTH Jan 21st 1907

AGE ..... years, 7 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Timothy Goonan

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lillie R. Hardy

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie R. Goonan

(Address) 1410 W. Pratt St

Filed 9/1/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907.

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Aug 30 1907

that I last saw h[illegible] alive on aug 29 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A O'Driscoll M.D.

Address 261 S. Poppleton

Date Aug 31/07 190..

Place of Burial London Park

Date Sept 1st 1907

Undertaker Wm B Crothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward W

C 4354

Registered No. B C 4354

33 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bell City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Clay

{Residence, if in Baltimore, Give Street and Number.} 317 N Paca St.

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B—

DATE OF BIRTH 1

AGE 5 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S—

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Child—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth's Home

Filed 9/1st 1907

HARRY C. AND Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug - 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Aug 31 1907

that I last saw h er alive on Aug 31 1907

and that death occurred, on the date stated above, at 6 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Adenitis

of Neck—

(DURATION) — DAYS

Contributory (Primary.) Sepsis —

(DURATION) — DAYS

(Signed) [illegible] M.D.

Address City Hospital

Date Aug 31 1907

Place of Burial Cathedral Cemetery

Date September 1 1907

Undertaker Felix B. Pye

Address 102 E. Hillsboro St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 4127 V

CERTIFICATE OF DEATH. C 4355

(Place of Death.) No. 703 Gorsuch ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry W Curran

{ Residence, if in Baltimore, Give Street and Number. } 703 Gorsuch ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: July 26 1885

AGE: 22 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William M Curran

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret J. Tomerson

BIRTHPLACE OF MOTHER (State or country): Philadelphia

OCCUPATION OF DECEASED: Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret J. Curran

(Address) 703 Gorsuch ave

Filed 9/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 30 1907

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1907 to aug 30 1907 that I last saw h-- alive on aug 30 1907, and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

1 Month (DURATION) DAYS

Contributory (Primary.) Tuberculosis of the lungs

6 Months (DURATION) DAYS

(Signed) John I Kuhn M.D.

Address 428 Gorsuch ave

Date aug 30 1907

Place of Burial Glenn Dale Md

Date Sept 2 1907

Undertaker Lowe Bros

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20th C 4356 Registered No. B C 4356

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. 620 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Smialek

{Residence, if in Baltimore, Give Street and Number.} Balto

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 25 1907

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Smialek

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Mary Wleczyk

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Smialek

(Address) 620 S. Wolfe st

Filed 9/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 1 1907

I HEREBY CERTIFY, That I attended deceased from August 31 1907 to August 31 1907

that I last saw him alive on August 31 1907,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

at 7½ month (DURATION) DAYS

Contributory (Primary.)

Debility (DURATION) 3 DAYS

(Signed) J. J. Szmulski M.D.

Address 922 S. Ann st

Date Sept 1 1907

Place of Burial Holy Rosary

Date September 1 1907

Undertaker Jacob Fraelkowski

Address 428 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4357

City of Baltimore, (No. 652 Columbia Ave St.: ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wannie Goldberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: March (Month) (Day) 1905 (Year)

AGE: 2 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Samuel Goldberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Goodman Sarah

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Goldberg

(Address) 652 Columbia Ave

Filed Sept 2nd 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept 1 1907

that I last saw h~~er~~ alive on 1 1907,

and that death occurred, on the date stated above, at 12.25 P. M. The CAUSE OF DEATH was as follows:

Malignant Scarlet Fever -
(Diphtheria?)

(DURATION) 4 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Hermann Grill M. D.

Sept 1 1907 (Address) 1 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Roas Dale Cemetry	Sept 2, 1907
UNDERTAKER	**ADDRESS**
Mary Levinson	1620 McElderry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 Registered No. B 4358

1061

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James B. Reifsnider

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH Sept 1st 1901

AGE 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Westminster Md

FULL NAME OF FATHER John M. Reifsnider

BIRTHPLACE OF FATHER (State or country) Westminster Md

MAIDEN NAME OF MOTHER Eleanor E. Rear

BIRTHPLACE OF MOTHER (State or country) Westminster Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. J. Reifsnider

(Address) Westminster Md

Filed Sept 2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

C of C. C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1907

I HEREBY CERTIFY, That I attended deceased from August 31st 1907 to Sept 1st 1907 that I last saw h alive on Sept 1st 1907, and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Shock

(DURATION) 2 hrs DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) 1½ DAYS

(Signed) J. H. Bond M.D.

Address University Hosp. Md

Date Sept 1st 1907

Place of Burial Westminster Md

Date Sept 2 1907

Undertaker W. M. Rinnison

Address 230 N. Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE. 30 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 4359

City of Baltimore, (No. 1401, Union Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Pullett.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black.

DATE OF BIRTH: March (Month) 8 (Day) 1898 (Year)

AGE: 9 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Pullett.

BIRTHPLACE OF FATHER (State or country): Somerset Co., Md.

MAIDEN NAME OF MOTHER: Annie Holbrook.

BIRTHPLACE OF MOTHER (State or country): Somerset Co., Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Roads Fayerweather.

(Address) 827 N. Eutaw St.

Filed 9/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: August (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1905 to Aug. 26 1907 that I last saw him alive on Aug. 26 1907, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Inanition from prol. Lingered suppuration due to tuberculosis of Spine.

(DURATION) 3½ yrs

Contributory

(DURATION) DAYS

(Signed) Roades Fayerweather M. D.

Aug. 31 1907 (Address) 827 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Ajax Cemetery

DATE OF BURIAL: Sept 2 1907

UNDERTAKER: R. K. Gilliat

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13

C 4360

Registered No. B C 4360

CERTIFICATE OF DEATH.

179 V

(Place of Death.) No. 419 Colvin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eleanora Preston

{Residence, if in Baltimore, Give Street and Number.} 419 Colvin St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Preston

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amanda Neal

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amanda Preston

(Address) 419 Colvin St.

Filed 9/2 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Aug 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 3.10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) B.S. Hayden M.D.

Address 1216 N. Caroline St

Date Sept. 1 1907

Place of Burial Laurel

Date September 2 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 4361 Registered No. B C 4361

167 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 312 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Irene L. Harris

{Residence, if in Baltimore, Give Street and Number.} 312 Chestnut st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Maryland Harris

BIRTHPLACE OF FATHER (State or country): S. C.

MAIDEN NAME OF MOTHER: Mary E. Dillen

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Harris

(Address) 312 Chestnut st.

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1907 to Aug. 31 1907

that I last saw her alive on Aug. 31 1907,

and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions from Exhaustion caused by

(DURATION) 26 hrs DAYS

Con'ributory (Primary) Accident

(DURATION) — DAYS

(Signed) Amy V. Hayden M.D.

Address 1216 N. Carrollton Ave

Date Sept. 1st 1907

Place of Burial Laurel

Date September 2 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4362 Registered No. B C 4362

CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 Vine St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Ella Morton

{Residence, if in Baltimore, Give Street and Number.} 1005 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Morton

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Bettie Ransom

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Ransom

(Address) 1005 Vine st

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 31 1907

that I last saw h.er alive on Aug 30 1907

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

1 Broncho Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.) Acethemia

(DURATION) 3 DAYS

(Signed) V L Norwood M.D.

Address 739 N Fay Ctr

Date Aug 31 1907

Place of Burial Mt Auburn Cemetery

Date Sept 2. 1907

Undertaker R A Talbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

LTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

O PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4363

lo. 2923 Barnard St. Ward)
of Edward and Louise

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Child of Mrs Emma Freed

STATISTICAL PARTICULARS

COLOR White

Sept (Month) 1 (Day) 1907 (Year)

months, 6 hours days

—

alts city

ord Freed

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SONAL PARTICULARS ARE TRUE TO THE E AND BELIEF.

d Freed

3 Barnard St.

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 1 1907 that I last saw h in allve on Sept 1 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Congenital Debility (DURATION) 6 hours DAYS

Contributory (DURATION) DAYS

(Signed) H. L Lair M. D.

Sept 2 1907 (Address) 12 E 21st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL New Freedom Pa — DATE OF BURIAL Sept 2 1907

UNDERTAKER A S Marshall — ADDRESS 3539 Fall Road

7

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1514

CERTIFICATE OF DEATH.

C 4364

Registered No. B .....

City of Baltimore, (No. 1105, S. Paca St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ferdinand Rudolph Paar

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July (Month) 11 (Day) 1907 (Year)

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Ferdinand H. Paar

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Emma Adolphine Seifert

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ferdinand H. Paar

(Address) 1105 S. Paca St.

Filed 9/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21 1907 to Sept 1 1907

that I last saw h... alive on Aug 29 1907, and that death occurred, on the date stated above, at 1.15 P. M. The CAUSE OF DEATH was as follows:

.....

.....

Inanition

since birth. (DURATION) ..... DAYS

Contributory Enteritis

(DURATION) 1 day DAYS

(Signed) H. E. Krug M. D.

Sept 1 1907 (Address) 1102 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Mt. Carmel Cemetery | DATE OF BURIAL Sept 2 1907

UNDERTAKER Philip Sawal & Son | ADDRESS 1191 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the du... the Physician who attended during his or her last sickness, or the Corone... ***twenty-four hours after death***, to the Undertaker, or other person superinten... coroner, when the case comes under his notice, to furnish... can be ascertained, the full name, sex, age, condition (whether married or sin... rintending the burial, a certificate setting forth, as far a... or single) of the person deceased, and the cause and...

Ward 16 C 4365 Registered No. B C 4365

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 1019 Rice St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence B. Fairfax

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Wesley Fairfax

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Fannie Tomrom

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Musician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Fairfax

(Address) 1019 Rice St.

Filed 9/2 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 190 7

I HEREBY CERTIFY, That I attended deceased from As above 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner Coroner M.D.

Address 211 N. Lanvale

Date Sept 1st 190 7

Place of Burial Mt. Auburn Cemetery

Date September 3 190 7

Undertaker Felix B. Rye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, color, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 C 4366 Registered No. B C 4366

CERTIFICATE OF DEATH.

(Place of Death.) No. 27 N. Bruce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Neill

{Residence, if in Baltimore, Give Street and Number.} 27 N. Bruce St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Jan. 21 1907

AGE — years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimd.

FULL NAME OF FATHER James Neill

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Frances Boone

BIRTHPLACE OF MOTHER (State or country) Baltimd

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Boone

(Address) 27. N. Bruce

Filed 9/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31st 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1907 to Aug 31 1907

that I last saw her alive on Aug. 31 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dentition

Convulsions (DURATION) 14 DAYS

Contributory (Primary.) 10 da (DURATION) DAYS

(Signed) G. W. Slated M.D.

Address 1703 W. Pratt St

Date Aug. 31 st 1907

Place of Burial Mt. Zion Cemetery

Date Sept 2nd 1907

Undertaker Alfred J. Freeland

Address 106 N. Schroder St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, color, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C 4367 Registered No. B C 4367

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 706 W Mulberry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Joe Mendeas~~ Anna Mendeas

{ Residence, if in Baltimore, Give Street and Number. } 706 W Mulberry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Michael Mendeas.

BIRTHPLACE OF FATHER (State or country) Portugal

MAIDEN NAME OF MOTHER Virgie Kenny

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Mendeas

(Address) 706 W Mulberry St.

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

..... Inanition

.....

..... Life

..... (DURATION) ..... DAYS

Con'tributory (Primary) .....

Irritators bird (DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Sept 1 1907

Place of Burial Mt Auburn

Date Sept 2nd 1907

Undertaker Alfred J. Freeland

Address 1067 Scott

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4368 Registered No. B C 4368

34 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1443 St. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Genevieve Barnett.

{Residence, if in Baltimore, Give Street and Number.} 1443 St. Mount St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH ..... 1 .....

AGE 16 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Joshua E. Barnett

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Barbara Bland

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara A. Barnett

(Address) 1443 N Mount St.

Filed 9/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30. 1907

I HEREBY CERTIFY, That I attended deceased from Mch 13 1907 to Aug 30 1907.

that I last saw her alive on Aug 28 1907,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis, Acute General

(DURATION) — DAYS

Contributory (Primary.) Bronchitis.

(DURATION) — DAYS

(Signed) George C. Shannon M.D.

Address 1442 Presstman St

Date August 30. 1907

Place of Burial Mt Auburn

Date Sept 2 1907

Undertaker Alex H. Hensley

Address 578 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 4369 Registered No. B C 4369

106 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lucy Jane Devries

{Residence, if in Baltimore, Give Street and Number.} 2452 Belmont Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 8 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Marquis F. Briner

BIRTHPLACE OF FATHER (State or country): V.A

MAIDEN NAME OF MOTHER: Mary C. Carter

BIRTHPLACE OF MOTHER (State or country): V.A

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Briner

(Address) 2452 Belmount Ave

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Aug 30 1907 that I last saw h[illegible] alive on Aug 30 1907 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

4 hrs (DURATION) DAYS

Con'tributory (Primary.) Intestinal Toxemia (DURATION) 7 DAYS

(Signed) R W. Crawford M.D.

Address University Hospital

Date Aug 31 1907

Place of Burial Glenwood Cem. Co.

Date Sept 2nd 07 1907

Undertaker Chas Hemsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4370 Registered No. B C 4370

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1319 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella L McLean

{Residence, if in Baltimore, Give Street and Number.} 1319 W. Balto. St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sep 25 1877

AGE 35 years, 11 months, 5 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Fitzsimmons

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Reynolds

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Edward McCann

(Address) 1319 W. Balto St

Filed 9/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Aug 30 1907

that I last saw h[illegible] alive on Aug 30 1907.

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

I hrs months (DURATION) DAYS

Con'tributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. E. Cannel M.D.

Address 1302 W Lombard st

Date Aug 31 1907

Place of Burial Loudon Park

Date September 3 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 4371 Registered No. B C 4371

CERTIFICATE OF DEATH.

(Place of Death.) No. 2302 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah F. McAllister

{Residence, if in Baltimore, Give Street and Number.} 2302 Hanover St.

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb — 1849

AGE: 58 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Perry G. Pigman

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rachael Tucker

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Silas McAllister

(Address) 1126 York Rd.

Filed 9/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Aug 30 1907

that I last saw h[illegible] alive on Aug 29 1907,

and that death occurred, on the date stated above, at 12-45 A M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac

Asthenia

(DURATION) 3 DAYS

Contributory (Primary.) Cancer

(uterine) (DURATION) Indefinite DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St.

Date Aug 30 1907

Place of Burial Loudon Park

Date September 2 1907

Undertaker Jos. B. Cook

Address 1603 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C 4372 Registered No. B C 4372

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 337 E 20th St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann Malone

{ Residence, if in Baltimore, Give Street and Number. } 337 E 20th St

Duration of Residence in Baltimore. Dont know

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 21st 1827

AGE 80 years, 1 month, 11 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) St Thomas Township Penna

FULL NAME OF FATHER Michael Gronman

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Mary Stocker

BIRTHPLACE OF MOTHER (State or country) Dont know

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katharine Henkel

(Address) 826 S Sharp St

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 1st 1907

~~Duly~~ I HEREBY CERTIFY, That I attended deceased from ~~on Different Occasions~~ ~~Prior to Death~~

1905 to 1907,

~~that I~~ last saw h alive on Aug. 30. 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Myocardial degeneration

(DURATION) 2 years DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. A Mathews M.D.

Address 1121 N Caroline St.

Date Sept. 1. 1907

Place of Burial Baltimore Cemetery

Date Sept 3rd 1907 190

Undertaker George Schilling & Sons

Address cor. Monument & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 4373 Registered No. B C 4373

1652

CERTIFICATE OF DEATH.

(Place of Death.) No. 248 S Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Stichel

{Residence, if in Baltimore, Give Street and Number.} 248 S Ann

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 29th 1907

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Stichel

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie R. Pfeifer

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Stichel

(Address) 248 S Ann St.

Filed 9/2 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Aug 31 1907 that I last saw h[illegible] alive on Aug 31 1907, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Con ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alex I Sagl M.D.

Address 727 N Bdway

Date 9/1/07

Place of Burial Sept 2 1907

Date St. Mathews Cem 190

Undertaker A Lander Sons

Address 710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4374 Registered No. B ..... C 4374

CERTIFICATE OF DEATH.

(Place of Death.) No. 1022 Cenley St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Minnie Cutcamp

{ Residence, if in Baltimore, Give Street and Number. } Wife 1022 Cenley st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 16th 1870

AGE 37 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Cutcamp

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Ficke

(Address) 1570 Canton Ave.

Filed 9/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to Sept 1 1907

that I last saw her alive on Aug 20 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) ..... DAYS

Con'tributory (Primary.) .....

(DURATION) 6 weeks DAYS

(Signed) J. Wallenstein M.D.

Address 16 E Baltimore

Date Sept 1 1907

Place of Burial Mt Olivet

Date Sept 3 1907

Undertaker Sanduisons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — C 4375 Registered No. B — C 4375

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs [redacted] Stipple

{ Residence, if in Baltimore, Give Street and Number. } West Port Balto Co Md

Duration of Residence in Baltimore. 52 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Born May 30th 1852

AGE: 55 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Stipple

(Address) Cedar St. W. Balto

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 1, 1907

I HEREBY CERTIFY, That I attended deceased from August 24 1907 to September 1 1907 that I last saw h[illegible] alive on September 1 1907, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H W Stuckert M.D.

Address Franklin Square Hospital

Date September 1 1907

Place of Burial Mount Olivet Cem

Date Sept 3rd 1907

Undertaker C Schlosnow & Son

Address 109 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 4376 Registered No. B C 4376

CERTIFICATE OF DEATH. 14

(Place of Death.) No. 1510 Penna. ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carson Kemp.

{Residence, if in Baltimore, Give Street and Number.} 1510 Penna. ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 1 1882

AGE: 25 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William Kemp

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Mary C Stewart

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Candy Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stella Kemp

(Address) 1511 Penna ave

Filed 9/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Augt 31 1907

I HEREBY CERTIFY, That I attended deceased from Augt 16 1907 to Augt 31 1907 that I last saw him alive on Augt 31 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Enteric

Fever (DURATION) 22 DAYS

(Signed) John E Hough M.D.

Address 647 N Lafayette Ave

Date Sept 1 1907

Place of Burial London Park

Date September 2 1907

Undertaker JOHN E. HOUGH CO

Address 422 Penna. Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4377 Registered No. B C 4378

1641

CERTIFICATE OF DEATH.

(Place of Death.) No. 1190 W Saratoga St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno J Knight

{Residence, if in Baltimore, Give Street and Number.} 228 Warren Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 11 1838

AGE 68 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry F. Knight

(Address) 228 Harlem Ave

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Shock due to fracture Frontal bone. Fall Accident

(DURATION) 2 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address coroner

Date Aug 31 1907.

Place of Burial LOUDON PARK.

Date SEP 2 - 1907 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4378

City of Baltimore, (No. 1616 W. Lanvale St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth H. Dellmuth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 8, 1824 (Month) (Day) (Year)

AGE: 82 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ohio -

FULL NAME OF FATHER: Michael Dorsey

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Elizabeth Dorsey

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elizabeth H. Linch

(Address) 3011 Elgin ave. Walbrook

Filed 9/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 1. 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1904 to Sept. 1 1907 that I last saw her alive on Sept. 1 1907, and that death occurred, on the date stated above, at 10.55 P. M. The CAUSE OF DEATH was as follows:

Angina Pectoris -

(DURATION) 1 DAYS

Contributory Possibly Fatty Degeneration of Heart - (DURATION) — DAYS

(Signed) E. H. Holbrook, M. D.

9. 2. 1907 (Address) 728 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet | DATE OF BURIAL: Sept 3 1907

UNDERTAKER: Yeo J. Smith Co | ADDRESS: 1009 N. Z. ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 C 4379 Registered No. B C 4379

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1825 N Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas H G Roberts

{Residence, if in Baltimore, Give Street and Number.} 1825 N Castle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH aug 10 1906

AGE 1 years, 7 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm L Roberts

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Emma M. Lang

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L Roberts

(Address) 1825 N. Castle

Filed 9/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH aug 31 1907

I HEREBY CERTIFY, That I attended deceased from aug 6th 1907 to aug 31st 1907

that I last saw him alive on aug 31st 1907

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxiation

Suicide by Illuminating Gas

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C H G Roberts M.D.

Address 419 E Eager St

Date Sept 2 1907

Place of Burial Mt Lawn Cem

Date Sept 2 1907

Undertaker Robt J Turnbull

Address 1424 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4380 Registered No. B C 4380

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 2035 Fountain St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Hurtka

{ Residence, if in Baltimore, Give Street and Number. } 2035 Fountain St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 1st 1906

AGE 1 years, ~~26~~ months, ~~9~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER James J. Hurtka.

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Cecilia Shubelipski

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James J. Hurtka.

(Address) 2035 Fountain St.

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31st 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 24th 1907 to Aug 31st 1907 that I last saw her alive on Aug 31st 1907, and that death occurred, on the date stated above, at 10 30 P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) DAYS

(Signed) Herman J. Guerue M.D.

Address 1937 Eastern Ave.

Date Sept 1st 1907

Place of Burial St Stanislaus

Date Monday Sept 2" 1907

Undertaker M. J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 17 C 4381 Registered No. B C 4381

1051

CERTIFICATE OF DEATH.

(Place of Death.) No. #100. E. 20th St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Doris Johnson

{Residence, if in Baltimore, Give Street and Number.} 100 E. 20th St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Oct 9 1906

AGE ..... years, 10 months, 22 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Brest.

FULL NAME OF FATHER J. Alex. Johnson.

BIRTHPLACE OF FATHER (State or country) Ga.

MAIDEN NAME OF MOTHER Margaret S. Pugh

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father J. Alex Johnson

(Address) 100 E. 20th St.

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Sept 1 1907

that I last saw h— alive on Aug 31 1907, 1.50

and that death occurred, on the date stated above, at — A. M. CAUSE OF DEATH (Secondary or Immediate)

Dysenteric diarrhoea

Several days before I saw

Case — (DURATION) — DAYS

Contributory (Primary.) Exhaustion.

— (DURATION) — DAYS

(Signed) Eldonia Murray M.D.

Address 1251 N. Jefferson St.

Date Sept 2 1907

Place of Burial Loudon Park Cemetery

Date September 2nd 1907

Undertaker E. Madeira Markell

Address 1201 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 4382 Registered No. B C 4382

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Beatrice Catherine Weber

{Residence, if in Baltimore, Give Street and Number.} 720 W Fayette

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John F Weber

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Katie Hehnman

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Katie Weber

(Address) 720 W Fayette St

Filed 9/2 1907. HARRY C. ANDR... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Aug 31 1907

that I last saw h.. alive on Aug 31 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 3 DAYS

Con'ributory (Primary.) Improper food

Life (DURATION) + DAYS

(Signed) H Kennaillicum M.D.

Address 601 N Carrollton Ave

Date Sept 1 + 1907

Place of Burial Western Cemetery

Date 9/2 1907

Undertaker Wm J Schilling

Address 9 S Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4383 C 4383

Ward 24 Registered No. B

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 1436 Boyle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Feeley

{Residence, if in Baltimore, Give Street and Number.} 1436 Boyle st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	11 — 19 — 1893
AGE	14 years, 9 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	John T. Feeley
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Kate Sweeny
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Sweeny

(Address) 1431 Boyle St

Filed 9/22d 1907 HARRY C. ARDREY, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Aug 31 1907

that I last saw h-er alive on Aug 31 1907, 6.30 P.M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Dilatation of Heart

(DURATION) 1 DAYS

Con'tributory (Primary.)

(DURATION) 1 DAYS

(Signed) W. E. Smith M.D.

Address 528 Hanover St.

Date Sept 1 1907

Place of Burial Bonnie Brae

Date Sept. 3, 1907

Undertaker John J. Fahey

Address 32 Mulliken Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 4384

CERTIFICATE OF DEATH.

62 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Mark

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White.
DATE OF BIRTH: 1	
AGE: 54 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): N. Y.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 4/22d 1907

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 29 1907 to Aug 31 1907

that I last saw h~~im~~ alive on Aug 31 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Con'tributory (Primary.) Tabes Dorsalis

(DURATION) 3 Years

(Signed) Robt P. Bay M.D.

Address Bay View

Date Sept. 1 1907

Place of Burial Woodlawn Cem

Date Sept. 2 1907

Undertaker Wm Cook

Address 302 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4385

Ward 14

C 4385

Registered No. B

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Corner Hudson & Canton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam A. Spangler

{Residence, if in Baltimore, Give Street and Number.} 215 N. Clinton St (Canton).

Duration of Residence in ~~Baltimore~~.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: June 2 1906

AGE: 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Canton

FULL NAME OF FATHER: Lawrence Spangler

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Mary E Rider

BIRTHPLACE OF MOTHER (State or country): Canton

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence Spangler

(Address) 215 N Clinton St

Filed 9/22d 1907

HARRY C. ... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Dudley Comm M.D.

Address 320 N Arlington Av

Date 190

Place of Burial Mt Carmel

Date Sept 3, 1907

Undertaker Lowe Cook Co

Address 502 E. Monument Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4386 Registered No. B C 4386

CERTIFICATE OF DEATH.

168 V

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Taylor

{Residence, if in Baltimore, Give Street and Number.} 1515 Foster St. City.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Thomas Taylor

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Liza Gordon

BIRTHPLACE OF MOTHER (State or country) Westmoreland

OCCUPATION OF DECEASED Housemaid, Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Taylor

(Address) 1515 foster st

Filed 9/2nd 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 31st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30th 1907 to Aug 31st 1907

that I last saw h[illegible] alive on Aug 31st 1907,

and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) Bowel Obstruction

Chronic Illness 3 years (DURATION) DAYS

(Signed) C. L. Leuchtmann M.D.

Address Roland Park, Md.

Date August 31st 1907

Place of Burial Mt Auburn Cem

Date September 2 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, [illegible] *condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward ..... C 4387 Registered No. B ..... C 4387

CERTIFICATE OF DEATH.

(Place of Death.) No. 1207 Jenkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ardella Elizabeth Kellum

{Residence, if in Baltimore, Give Street and Number.} 1207 Jenkins Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Oct. 16, 1906

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER Jno. E. Kellum

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary L. Bane

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Milker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Kellum

(Address) 1207 Jenkins Ave

Filed 9/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1907 to Aug. 30 1907

that I last saw h..... alive on Aug. 30, 1907

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia (DURATION) 5 DAYS

Contributory (Primary) Diarrhoea (DURATION) 7 DAYS

(Signed) W. Edw. Magruder M.D.

Address 722 Madison Ave.

Date Sept. 1, 1907

Place of Burial Laurel Cemetery

Date Sept 3 1907

Undertaker R. N. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 10 C 4388 Registered No. B C 4388

367

CERTIFICATE OF DEATH.

(Place of Death.) No. 230 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leroy Adams

{Residence, if in Baltimore, Give Street and Number.} 230 N. Dallas St.

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR Bl

DATE OF BIRTH Mar. 7 1907

AGE ..... years, 5 months, 24 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Charles G. Adams

BIRTHPLACE OF FATHER (State or country) Dorchester Co. Md.

MAIDEN NAME OF MOTHER Henrietta Holliday

BIRTHPLACE OF MOTHER (State or country) Dorchester Co. Md.

OCCUPATION OF DECEASED ——————

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta F. Adams

(Address) 230 N. Dallas St.

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1907 to Aug. 27 1907 that I last saw h.. alive on Aug. 27 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchio-Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Congenital Lues

(DURATION) ..... DAYS

(Signed) S. Woolman M.D.

Address 129 N. Broadway

Date Sept. 2, 1907

Place of Burial Asbury ✓

Date Sept. 3rd 1907

Undertaker Wm J G Jackson

Address 1420 Madison St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4389 Registered No. B C 4389

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 419 W. Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary (M.) Williams.

{ Residence, if in Baltimore, Give Street and Number. } 419 W. Hamburg St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: May 1867

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Calvert Co. Md.

FULL NAME OF FATHER: George Johnson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lettie Jefferson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Williams

(Address) 419 W. Hamburg St.

Filed 9/3 1907 HARRY O. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 1 1907, that I last saw h... alive on Sept 1 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

Contributory (Secondary) ..... (DURATION) ..... DAYS

Acute Cerebral Oedema (DURATION) ..... DAYS

(Signed) C. Fred Cosgrove M.D.

Address 693 S. Sharp St.

Date Sept 2 1907.

Place of Burial Mt. Auburn Cem.

Date Sept 4 1907.

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 4390 Registered No. B C 4390

CERTIFICATE OF DEATH.

(Place of Death.) No. 668 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel E. Rothenge

{Residence, if in Baltimore, Give Street and Number.} 668 W Saratoga St

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 25 1865

AGE 42 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Conrad Rothauge

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth H Morlock

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Marble Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver Rothauge

(Address) 1721 Hopkins Ave

Filed 9/3 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25th 1907 to Sept 1st 1907 that I last saw h im alive on Aug 30th 1907, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hepatic Carcinoma 4 t
Asthenia

(DURATION) 15 months

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCauley M.D.

Address 656 W Fremont St

Date Sept 1st 1907

Place of Burial Loudon Park.

Date Sept. 3 1907

Undertaker Mrs A. Easton & Sons

Address Ellicott City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward K

C 4391 Registered No. B C 4391

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 N. Lombard St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary A. Smith

{Residence, if in Baltimore, Give Street and Number.} 715 N Lombard

Duration of Residence in Baltimore Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John J. Smith.

BIRTHPLACE OF FATHER (State or country): ~~Germany~~ Balto Md

MAIDEN NAME OF MOTHER: Mary Jordan

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia F. Ruttle

(Address) 2108 Walbrook Av

Filed 9/3 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Patrick F. Martin (Coroner)

Address 1002 W Lafayette Av

Date 190

Place of Burial Baltimore Cem.

Date Sept 3. — 1907

Undertaker Wm Cook

Address 1026 E Hath Av,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 4392 Registered No. B C 4392

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 W Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert W Day

{ Residence, if in Baltimore, Give Street and Number. } 1711 W Mosher St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 27 1903

AGE: 4 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas Day

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Elizabeth Whiteside

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Day.

(Address) 1711 W Mosher.

Filed 9/3 1907 HARRY O. ANDREWS, PENNY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 nd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Sept 2 1907 that I last saw h alive on Sept 2 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 12 DAYS

Contributory (Primary.)

Cyanosis (DURATION) — DAYS

(Signed) T. L. Dana M.D.

Address 900 N Fulton

Date Sept 2 1907

Place of Burial Weston Cemetery

Date Sept 4 th 1907

Undertaker Williams Coop

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4393 Registered No. B C 4393

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Hobbs

{ Residence, if in Baltimore, Give Street and Number. } 1700 E. Fayette St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Hobbs

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ida Hobbs

(Address) 2625 York Road

Filed 9/3 1907 HARRY C. AMBREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2, 1907.

I HEREBY CERTIFY, That I attended deceased from August 30 1907 to Sept. 2 1907 that I last saw him alive on Sept 2 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

..... (DURATION) ..... DAYS

Contributory (Primary.) Diarrhoea and enteritis (DURATION) ..... DAYS

(Signed) Peregrine Wroth Jr. M.D.

Address W. P. H.

Date Sept. 2 1907

Place of Burial Mt Olivet Cem

Date Sept — 1907

Undertaker Tom Leach

Address 5026 North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 4394 Registered No. B C 4394

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 1724 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Ludsburg

{Residence, if in Baltimore, Give Street and Number.} 1724 E Preston St

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 1st 1907

AGE: 20 hours — years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm T. Ludsburg

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alice V. Hanrahan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P Ludsburg

(Address) 1724 E Preston

Filed 9/3/07 1907 HARRY G. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1907 to Sept. 2nd 1907 that I last saw h in alive on Sept. 2nd 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.) Premature (6 months gestation)

(DURATION) DAYS

(Signed) William Pleasants White M.D.

Address 1820 N. Charles St

Date Sept 3rd 1907

Place of Burial Cathedral

Date Sept 3rd 1907

Undertaker A F. Gilbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4395

City of Baltimore, (No. 316, E Biddle St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nelson Brandenburg

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Aug (Month) 4 (Day) 1898 (Year)

AGE: 9 years, ... months, 27 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Leonard Brandenburg

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie Conway

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Brandenburg

(Address) 316 E Biddle St

Filed 9/3 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 2 1907 to Sept 1 1907 that I last saw him alive on Sept 1 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Mitral regurgitation

(DURATION) ..... DAYS

Contributory Hypostatic Pneumonia (DURATION) 6 DAYS

(Signed) James M Bevan M. D.

Sept 1 1907 (Address) 702 E Chase St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodbine, Carroll Co, Md

DATE OF BURIAL: Sept 4th 1907

UNDERTAKER: A F Philbin

ADDRESS: 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward 14 C 4396 Registered No. B C 4396

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 Gold St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theodore Butler

{Residence, if in Baltimore, Give Street and Number.} 514 Gold St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Francis Butler

BIRTHPLACE OF FATHER (State or country) Charles Co

MAIDEN NAME OF MOTHER Jane Brown

BIRTHPLACE OF MOTHER (State or country) St Marys

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane Brown

(Address) 514 Gold St

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from July 17 1907 to Sept 3 1907 that I last saw him alive on Sept 2 1907 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Enteric Colitis

(DURATION) 52 DAYS

(Signed) John E Huck M.D.

Address 647 W Lexington

Date Sept 3 1907

Place of Burial Cathedral

Date Sept 3rd 1907

Undertaker Clarence E Wright

Address 1264 Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4397 Registered No. B .....

CERTIFICATE OF DEATH. C 4397

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Miller

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Lumber Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 31 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Aug 31 1907.

that I last saw h-im alive on Aug 31 1907,

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Arrhythmia

(DURATION) 3 DAYS

Con'tributory (Primary.) Tuberculosis

Pulmonary? Debility (DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Aug 31 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 2 - 1907 190

Undertaker William H. Woodes

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

206

Ward ..... C 4398 Registered No. B ..... C 4398

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Briscoe

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/3 1907 Registrar

Lamar Hollyday, Supt. BAY VIEW ASYLUM

HARRY C. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 2 1907

I HEREBY CERTIFY, That I attended deceased from May 15 1907 to Sept 2 1907 that I last saw him alive on Sept 2 1907, and that death occurred, on the date stated above, at 6 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure

..... (DURATION) — DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 2 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 2 - 1907 190....

Undertaker William L. Woodson

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96

Ward 1 C 4399 Registered No. B C 4399

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Orah Lee

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Aug 30 1907

AGE 1 hour. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Orah Lee

BIRTHPLACE OF MOTHER (State or country) Penn.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/3 1907 Registrar

CLERK OF ANNEXES. PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Aug 30 1907

that I last saw h[illegible] alive on Aug 30 1907,

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth 7 mo. Foetus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Aug 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date AUG 31 1907 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 4400 Registered No. B C 4400
179

CERTIFICATE OF DEATH.

(Place of Death.) No. Nursery o Childs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name A. Clarence Friend

{ Residence, if in Baltimore, Give Street and Number. } N. C. H.

Duration of Residence in Baltimore. Four months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 18th 1906

AGE: 1 years, 2 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Cumberland, Md,

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ,

MAIDEN NAME OF MOTHER: ,

BIRTHPLACE OF MOTHER (State or country): ,

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. R. Stone

(Address) N. C. H.

Filed 9/3 1907 HARRY OF ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug 30th 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Aug 26 1907 that I last saw h alive on Aug 26 1907, and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 4 mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. Nogueras M.D.

Address 922 Madison Ave.

Date 190

Place of Burial COLLEGE OF P. & S AUG 31 1907

Date 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

204

Ward 17 C 4401 Registered No. B C 4401

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lydia H. Keun

{Residence, if in Baltimore, Give Street and Number.} 501 W. Lee St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 23rd 1907

AGE — years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Adam Keun

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amelia Bange

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Keun

(Address) 501 W. Lee St.

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16th 1907 to Sept 2nd 1907

that I last saw h— alive on Sept 1st 1907

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 18 DAYS

Contributory (Primary.) Prostration (DURATION) 8 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St

Date Sept 3rd 1907

Place of Burial Loudon Park Cem

Date Sept. 4th 1907

Undertaker Jno & Jas John W. Feusel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

C 4402

Ward 4 — C 4402 — Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H Lewis

{Residence, if in Baltimore, Give Street and Number.} 713 Vine

Duration of Residence in Baltimore. 14 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: colard

DATE OF BIRTH: 1

AGE: ...years, 14 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: — —

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: Henry Lewis

BIRTHPLACE OF FATHER (State or country): Balt city

MAIDEN NAME OF MOTHER: Fanna Furr

BIRTHPLACE OF MOTHER (State or country): Balt city

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fanna Furr

(Address) 713 Vine st

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Sept 1 1907

that I last saw h[illegible] alive on Sept 1th 1907

and that death occurred, on the date stated above, at 12 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 1 mo DAYS

Con'tributory (Primary.) Bronchitis

(DURATION) 1 mo DAYS

(Signed) C T Fowler M.D.

Address 712 S Stanford

Date Sept 2nd 1907

Place of Burial Mount Auburn

Date Sept 3 1907

Undertaker John H Owens & Son

Address 1222 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and date of death.** deceased, and the **cause and condition** (whether married or single) of the person

Ward 7 Registered No. B C 4403

C 4403

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 426 S. Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Perzynski

{ Residence, if in Baltimore, Give Street and Number. } 426 S Bond St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	May 7 1907
AGE	..... years, 3 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Raul Perzynski
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Stanislawa Budka
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Raul Perzynski

(Address) 426 S Bond

Filed 9/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 3 1907

that I last saw h.. alive on Sept 2 1907

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

acute Enteritis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Shenton M.D.

Address 160 Bradley

Date Sept 3 1907

Place of Burial Holy Rosary

Date Sept. 3 1907

Undertaker Jacob Frankowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19V

CERTIFICATE OF DEATH.

Registered No. BC 4404

City of Baltimore, (No. 928 S. Eager St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 2 (Month) 1 (Day) 1832 (Year)

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Was Widow

BIRTHPLACE (State or country)

FULL NAME OF FATHER: B. Zulaf

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Miller Son

(Address) 609 Patapsco

Filed 9/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1907 to Sept 1907

that I last saw her alive on Aug 31 1907,

and that death occurred, on the date stated above, at 1120 A.M. The CAUSE OF DEATH was as follows:

Organic Heart Disease
(Mitral Regurgitation)
2 yrs? (DURATION) DAYS

Contributory Asthenia
6 mos? (DURATION) DAYS

(Signed) J. G. Schwatka M. D.

Sept. 4 1907 (Address) 1003 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto cemetery	Sept 4 1907
UNDERTAKER	ADDRESS
Lloyd & Margaret Glynn	42 S. West

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 4405 Registered No. B C 4405

CERTIFICATE OF DEATH.

(Place of Death.) No. 3400 Elm ave. Balto Md. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Roy E Hedrick

{Residence, if in Baltimore, Give Street and Number.} 3400 Elm ave.

Duration of Residence in Baltimore. 14 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male. COLOR white

DATE OF BIRTH Dec 15 1893

AGE 13 years, 10 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ind. Balto.

FULL NAME OF FATHER Eugene Hedrick

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Susanna F Smith

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Chenoweth Son

(Address) 919 3rd ave

Filed Sept 23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to Sept 3 1907 that I last saw him alive on Sept 3 1907 and that death occurred, on the date stated above, at 8 A M. CAUSE OF DEATH (Secondary or Immediate.)

General anasarca

7 months

(DURATION) DAYS

Contributory (Primary.) Valvular heart disease (DURATION) 2 yrs

(Signed) R B Naumann M.D.

Address 3343 Chestnut ave

Date 1907

Place of Burial Baltimore Bayfield Friendship Nat. Gdns

Date Sept 5th 1907

Undertaker Wm E Chenoweth Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 C 4406 Registered No. B C 4406

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Cohen

{Residence, if in Baltimore, Give Street and Number.} 1008 E. Pratt St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Max Cohen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bessie Meyoltonsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Cohen

(Address) 1008 E Pratt st

Filed 9/3/07 190..

HARRY C. KNUPKE Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept 3 1907

that I last saw h-r alive on Sept 2 1907,

and that death occurred, on the date stated above, at 12.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Diarrhoea

Enteritis (ulcerative) (DURATION) DAYS

(Signed) Benjamin Booth, Jr. M.D.

Address U. P. H.

Date September 3, 1907.

Place of Burial Hebrew Philipsfield Roads[illegible]

Date Sept 3 1907

Undertaker Max Levinson

Address 620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 23 C 4407 Registered No. B C 4407

150 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 W. Randall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Bayly

{Residence, if in Baltimore, Give Street and Number.} 126 W. Randall St

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 1 24 1907

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry D. Bayly

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary A. Timm

BIRTHPLACE OF MOTHER (State or country) Iowa

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry D. Bayly

(Address) 126 W. Randall St

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 d 190 7

I HEREBY CERTIFY, That I attended deceased from Sept 1 190 7 to Sept 2 190 7

that I last saw h er alive on Sept 2 190 7

and that death occurred, on the date stated above, at 1 a

11. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Trouble

from birth.

(DURATION) 1 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) ~~W. H. Hammond~~ M.D.

Address 835 Sept St

Date Baltimore Md 190 7

Place of Burial Cedar Hill

Date Sept 3 190 7

Undertaker W. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 4408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4408

Registered No. B .....

City of Baltimore, (No. Providence Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hester Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 70 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Easton Shore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R H Johnson

(Address) Provident Hospital

Filed 9/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 2nd (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Sept 2nd 1907 that I last saw h er alive on Sept 2nd 1907, and that death occurred, on the date stated above, at 5½ A.M. The CAUSE OF DEATH was as follows:

Apnoea

(DURATION) 4 DAYS

Contributory Cervical Carcinoma

2 Years (DURATION) ..... DAYS

(Signed) R. H. Johnson M. D.

Sept 2 1907 (Address) Provident Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: [redacted] Cemetery

DATE OF BURIAL: Sept 3 1907

UNDERTAKER: Emmert Sheet

ADDRESS: 120 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 C 4409 Registered No. B C 4409

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 Frederick Ave Extd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosetta Young

{Residence, if in Baltimore, Give Street and Number.} 226 Frederick Ave ext.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 2 1907

AGE: ....years, 4 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William J Young

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Lottie Gardner

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J Young

(Address) 226 Frederick Ave

Filed 9/3/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Sept 1 1907 that I last saw her alive on Aug 30 1907 and that death occurred, on the date stated above, at 5.25 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea Enteritis

.....(DURATION).....DAYS

Con'ributory (Primary.)

.....(DURATION).....DAYS

(Signed) Walter A Cox M.D.

Address 542 S. Fulton Ave

Date Sept 2. 1907.

Place of Burial Western Cemetery

Date Sept. 3. 1907.

Undertaker Mrs Lee P Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 64410 Registered No. B .....

CERTIFICATE OF DEATH. 64410 34V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Zang

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 46 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed ..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Sept 2 1907

that I last saw h im alive on Sept 2 1907,

and that death occurred, on the date stated above, at 2 55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Syphilis —

Malaria (DURATION) — DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Sept 2 1907

Place of Burial Sacred Heart

Date Sept. 3" 1907

Undertaker Evans & Sherer

Address 1187 & 1190 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 4411 Registered No. B C 4411

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Bernhardt

{ Residence, if in Baltimore, Give Street and Number. } 2016 Fountain St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	26 years, months, days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Bernhardt.
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Rebecca Scott.
BIRTHPLACE OF MOTHER (State or country)	Balto. Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. L. Sadowski

(Address) 703 S. Ann St

Filed 9/3/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Sept 2 1907 that I last saw him alive on Sept 2 1907 and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. W. Griffith M.D.

Address Johns Hopkins Hosp

Date Sept 2 1907

Place of Burial Mt. Carmel.

Date Sept 4th 1907

Undertaker M. L. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4412

City of Baltimore, (No. 2659 W. North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward J. B. Hickey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1842 (Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Hickey

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Elizabeth Hays

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Dickson

(Address) 3053 N. North Ave.

Filed ..... 190.....

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Sept. 2nd 1907 that I last saw h[im] alive on Sept 1st 1907, and that death occurred, on the date stated above, at 8.30 a. m. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 9 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. C. Dickson M. D.

Sept. 2 1907 (Address) 3053 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: H. Peters — DATE OF BURIAL: Sept 4 1907

UNDERTAKER: John Flowan — ADDRESS: 901 Hollins

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward IX C 4413 Registered No. B 1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 W. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Doody

{Residence, if in Baltimore, Give Street and Number.} 712 W. Fayette St.

Duration of Residence in Baltimore. Life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 19th 1906

AGE: ..... years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John J. Doody

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Elizabeth Scanlon

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Scanlon

(Address) 712 W. Fayette St.

Filed 9/3/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Sept 2 1907 that I last saw h[im] alive on Aug 31 1907, and that death occurred, on the date stated above, at 1 P M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 4 Wks

Con'tributory (Primary.) Asthenia

(DURATION) 1 Wk

(Signed) Henry C. Ohle M.D.

Address 1203 W. Fayette St. Garrett Hosp. Visit.

Date Sept 3 1907

Place of Burial New Cathedral

Date Sept 3rd 1907

Undertaker John D. Cowan

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4414 Registered No. B C 4414

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Allen's Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kenneth Dutton

{Residence, if in Baltimore, Give Street and Number.} 1111 Allens alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h~~im~~ alive on ~~1907~~,

and that death occurred, on the date stated above, at ~~M~~.

CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Comm'r M.D.

Address 320 N Green St

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 3 - 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

Morgue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

221

Ward 11 C 4415 Registered No. B C 4415

CERTIFICATE OF DEATH.

1901

(Place of Death.) No. 1319 Shields alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Brown Chew

{Residence, if in Baltimore, Give Street and Number.} 1319 Shields alley

Duration of Residence in Baltimore. 31 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1846

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William Lewis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susa Manns

(Address) 1319 Shields alley

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9-1-1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 1 1907 that I last saw h-- alive on Sept 1 1907 and that death occurred, on the date stated above, at 7.47 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

Asphyxia Brain

(DURATION) 2 DAYS

Con'tributory (Primary.) Heart

(DURATION) 2 DAYS

(Signed) D. W. Bernard M.D.

Address 1 E Ensor St

Date Sept 7 1907

Place of Burial Loudon Park Cem

Date Sept 4th 1907

Undertaker Sam't W. Case & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5 9 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4416

City of Baltimore, (No. 1386 Stockton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maud Cecelia Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: (Month) (Day) 1901 (Year)

AGE: 6 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James L. Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Martha Young

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Thomas

(Address) 1386 Stockton

Filed 9/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Sept 12 1907 that I last saw h[er] alive on Sept 12 1907, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Acute Bright's Dis.

(DURATION) 12 DAYS

Contributory Septicemia

(DURATION) ..... DAYS

(Signed) J. Williamson Md M. D.

1907 (Address) 894 Pratt Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters

DATE OF BURIAL: Sept 14 1907

UNDERTAKER: Clarence E. Wright

ADDRESS: 1364 W Baltimore St

10 A.M.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 4417 Registered No. B C 4417

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 564 Orchard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Belle Parker

{Residence, if in Baltimore, Give Street and Number.} 564 Orchard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Col.

DATE OF BIRTH April 22, 1906

AGE 1 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER Eden Bowie Parker

BIRTHPLACE OF FATHER (State or country) P. G. Co. Md

MAIDEN NAME OF MOTHER Martha Williams

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. B. Parker

(Address) 564 Orchard St.

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1907 to Sept. 3 1907 that I last saw he alive on Sept. 2 1907 and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions (DURATION) DAYS

Contributory (Primary.) Pneumonia (DURATION) 9 DAYS

(Signed) Wm. Magruder, M.D.

Address 922 Madison Ave.

Date Sept. 3, 1907.

Place of Burial Mt. Auburn Cemetery

Date Sept. 4 1907.

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4418 Registered No. B C 4418

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola May Brandt

{ Residence, if in Baltimore, Give Street and Number. } 31 Mt. Vernon Place

Duration of Residence in Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 year 1 month days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Brandt

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs D Hooper

(Address) 31 E Mt Vernon Pl.

Filed 9/3 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3 1907

I HEREBY CERTIFY, That I attended deceased from August 30 1907 to Sept 3 1907

that I last saw h.. alive on Sept 3 1907,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

(DURATION) DAYS

Contributory (Primary.) Diarrhoea & enteritis (Ulcerative) (DURATION) DAYS

(Signed) Peregrine Wroth, Jr., M.D.

Address Union Prot. Inf.

Date September 3 1907

Place of Burial Baltimore Md Cem

Date Sept 4 1907

Undertaker Wm Cecil

Address 520 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward V C 4419 Registered No. B C 4419

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Irwin

{Residence, if in Baltimore, Give Street and Number.} 311 S. Ann St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 18 1864

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Felix Keller

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Margt. Kahler

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Canitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annilla

(Address) 2022 Orleans St

Filed 9/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept 1 1907

that I last saw h-r alive on Sept 1 1907

and that death occurred, on the date stated above, at 10 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

..... (DURATION) 3 DAYS

Contributory (Primary.) Typhoid fever

..... (DURATION) 16 DAYS

(Signed) William W. Bowen M.D.

Address Md. General Hosp.

Date Sept. 1 1907

Place of Burial Balto. Cem.

Date Sept. 4th 1907

Undertaker John A. Moran

Address Bank - Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4420

City of Baltimore, (No. 1505, Park Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret E. Montgomery

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 16 (Day) 1831 (Year)

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Col Ph Kolbrook

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Christania Coy

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry R. Montgomery

(Address) 1506 Park Road

Filed 9/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 1. (Month) (Day) 1907. (Year)

I HEREBY CERTIFY, That I attended deceased from May 2, 1907 to Sept. 1. 1907, that I last saw her alive on Sept. 1. 1907, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Myocarditis

..... (DURATION) ..... DAYS

Contributory Chronic nephritis

..... (DURATION) ..... DAYS

(Signed) C. D. Steenken M. D.

Sept. 1. 1907. (Address) 613 Gordon Ave

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... /

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 4 1907

UNDERTAKER: E. A. Hadyfield Jr. — ADDRESS: 213 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 4421 Registered No. B C 4421

CERTIFICATE OF DEATH.

(Place of Death.) No. 60 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph McIntyre

{ Residence, if in Baltimore, Give Street and Number. } 60 W Fayette St

Duration of Residence in Baltimore. 42 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pat Ireland

FULL NAME OF FATHER: - - - -

BIRTHPLACE OF FATHER (State or country): - - - -

MAIDEN NAME OF MOTHER: - - - - -

BIRTHPLACE OF MOTHER (State or country): - - - - -

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. F. Kilkenny

(Address) 60 W Fayette St

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Cancer 190 to 190

that I last saw h alive on 190 —,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Insufficiency

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Benj. N. Handy Coroner M.D.

Address 1816 E. Caroline St

Date Sept 2 1907

Place of Burial Mount Maria Phila Pa

Date Sept 4 1907

Undertaker Matthew Cadogan

Address 696 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 Registered No. B C 4422

CERTIFICATE OF DEATH.

1206

(Place of Death.) No. 1136 Riverside Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary R. Fritz

{Residence, if in Baltimore, Give Street and Number.} 1136 Riverside Av

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — — 1844

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER George. Kaun.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Peter Fritz

(Address) 1136 Riverside Ave.

Filed Sept 4 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

6 St 662

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23d 1907 to Sept 1st 1907

that I last saw h[illegible] alive on Aug 31st 1907

and that death occurred, on the date stated above, at 3:20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Dropsy at Asthenia

(DURATION) 6 Months

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCandlish M.D.

Address 656 W Franklin St

Date Sept 1st 1907

Place of Burial Holy Cross (A & C)

Date September 4 th x 1907

Undertaker E Hasle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B 4423

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fredrick Schlee

{Residence, if in Baltimore, Give Street and Number.} 1818 Woodyear St

Duration of Residence in Baltimore. 20 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Mar 19th 1850

AGE 57 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER August Schlee

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Frederica Gressy.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lena. Schlee

(Address) 1818. Woodyear St

Filed Sept 4 1907 HARRY C. ANDREWS PARISH CLERK Registrar

6662

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1907

I HEREBY CERTIFY, That I attended deceased from Apl 1907 to Sept 1907 that I last saw h in alive on 2 1907, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis Pulmonary

4 mos. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Blum M.D.

Address 1816 Madison Ave

Date Septr 3 1907

Place of Burial Baltimore Cem

Date Sept 4th 1907

Undertaker G. F. Walker

Address 723 N. Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 13 Registered No. B C 4424

CERTIFICATE OF DEATH.

(Place of Death.) No. 762 Florence St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Myers.

{ Residence, if in Baltimore, Give Street and Number. } 2

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Myers

(Address) 762 E Florence St.

Filed Sept 4 1907 HARRY C. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept 1 1907

that I last saw h alive on 1907

and that death occurred, on the date stated above, at 9.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull.

(DURATION) DAYS

Contributory (Primary.) (Homicide) Sudden (DURATION) DAYS

(Signed) G. D. Gebhart Coroner M.D.

Address 211 N. Longwood

Date Sept 3rd 1907

Place of Burial West Minster Md

Date Sept 4 1907

Undertaker Wm Cook

Address 502 E Northave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hosp. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Daniel Robinson

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 9/4" 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 3. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Sept 3 1907

that I last saw him alive on Sept 3 1907,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) 2 DAYS

Con'tributory (Primary.) Endocarditis

(DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Sept 3rd 1907

Place of Burial Mt Auburn Cem.

Date Sept 4 1907

Undertaker Felix D. Frye

Address 102 E. Hilbert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 4426 Registered No. B C 4426

11 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1923 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Belser

{Residence, if in Baltimore, Give Street and Number.} 1923 W Lombard

Duration of Residence in Baltimore. 3 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 30 1851

AGE: 56 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christoff Belser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Charles Belser

(Address) 1923 W. Lombard St.

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1st 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Sept 1 1907

that I last saw h.im alive on Sept 1 1907.

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerhosis of Liver

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) James Bosley M.D.
Per M. S. Smith

Address 1701 Hollins St

Date Sept 3 1907

Place of Burial St. Mathews Cemetery

Date Sept 4 1907

Undertaker Mrs Geo. P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 4427 Registered No. B C 4427

CERTIFICATE OF DEATH.

92 V

(Place of Death.) No. 19 E. Register St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles 777 Boone

{Residence, if in Baltimore, Give Street and Number.} 19 E. Register St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 14 / 1907

AGE: — years, 7 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Chas Boone

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Fannie 777 Beatty

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter B Boone

(Address) 1734 Orleans St

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 2 / 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Sept 2 1907 that I last saw him alive on Sept 1 / 1907, and that death occurred, on the date stated above, at 11.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Asthenia (DURATION) 1 DAYS

(Signed) H. T. Roeder M.D.

Address 1904 E Lafayette St

Date Sept 3 / 1907

Place of Burial Mt. Carmel Cem

Date Sept 4 1907

Undertaker H. Sander Sons

Address Bdwy ~ Balto. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 4428 Registered No. B C 4428

15 IV

CERTIFICATE OF DEATH.

(Place of Death.) No. St Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Young

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeths Home

Duration of Residence in Baltimore. 1 Month

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female

COLOR Black

DATE OF BIRTH Aug - 3 - 1907

AGE ..... years, 1 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Nellie Young

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeths Home

Filed 9/4" 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Sept 2 1907 that I last saw him alive on Sept 2 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Since Birth (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Standish McKelvey M.D.

Address 1609 Linden Ave

Date Sept - 3 1907

Place of Burial Cathedral Cemetery

Date September 5 1907

Undertaker Felix B. Rye

Address 102 E. Hillsberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 4429 Registered No. B

CERTIFICATE OF DEATH.

15W

(Place of Death.) No. 17 Lehman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Greenfield

{Residence, if in Baltimore, Give Street and Number.} 17 Lehman St

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 2nd. 1907

AGE: ....years, ...months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: J. C. Greenfield

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Mary A. Caudiff

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Greenfield

(Address) 17 Lehman St.

Filed 9/4" 1907

MARY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 3rd. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1907 to Sept 3rd 1907 that I last saw h alive on Sept 3rd 1907, and that death occurred, on the date stated above, at 11.10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ....DAYS

Contributory (Primary.) Premature Birth (DURATION) 1 DAYS

(Signed) W. A. Knell M.D.

Address 2550 Fredk Ave.

Date Sept 3rd 1907.

Place of Burial Mt. Olivet Cemetery

Date September 4th 1907

Undertaker Wm B Brothers

Address 428 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C 4430 Registered No. B C 4430

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2803 W Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Evans

{Residence, if in Baltimore, Give Street and Number.} 2803 W Balto St

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	67 years, 8 months, days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Ohio
FULL NAME OF FATHER	Abel Evans
BIRTHPLACE OF FATHER (State or country)	Ohio
MAIDEN NAME OF MOTHER	Eliza Amos
BIRTHPLACE OF MOTHER (State or country)	Pennsylvania
OCCUPATION OF DECEASED	Moterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Evans

(Address) 2803 W Balto St

Filed 9/4 1907 HARRY CT ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1907

I HEREBY CERTIFY, That I attended deceased from As Corner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart Disease

Cardiac Dilatation (DURATION) 2 yrs

Contributory (Primary.) (DURATION) DAYS

(Signed) Lamar Jones M.D.

Address Coroner Sup

Date Sept 3rd 1907

Place of Burial Mt Olivet

Date Sept 5th 1907

Undertaker William Cook

Address 507 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4431 Registered No. B C 4431

CERTIFICATE OF DEATH.

105 W

(Place of Death.) No. 1038 Valley St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles H. Moran

{Residence, if in Baltimore, Give Street and Number.} 1038 Valley St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 18, 1907

AGE: ..... years, 3 months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. H. Moran

BIRTHPLACE OF FATHER (State or country): Balti. Co.

MAIDEN NAME OF MOTHER: Cath. R. Rigney

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1038 Valley St.

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

Discovered 653 Columbia Ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Sept. 3 1907

that I last saw h... alive on Sept 2 1907,

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 12 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Dunnikin M.D.

Address 653 Columbia Ave

Date Sept. 3, 1907

Place of Burial Cathedral

Date Sept 4 1907

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 4432 Registered No. B C 4432

CERTIFICATE OF DEATH.

159 V

(Place of Death.) No. 2041 Belair Rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Hofstetter

{Residence, if in Baltimore, Give Street and Number.} 2041 Belair Rd

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 69 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER dont Know

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hofstetter

(Address) 1536 E. North ave

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jos K Carretta M.D.

Address Corner N ave

Date Sept 1-07 1907

Place of Burial Jerusalem Cemetery

Date Sept 4 1907

Undertaker H. C. Windsheet

Address 914 Argonne ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 4433 Registered No. B C 4433

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. Nursery o Childs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harry Hearner

{Residence, if in Baltimore, Give Street and Number.} N o C

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 8th 1907

AGE: ..... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ' '

MAIDEN NAME OF MOTHER: Bessie Hearner

BIRTHPLACE OF MOTHER (State or country): Mansfield W Va:

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M.R. Stone

(Address) N o C, H.

Filed 9/4 1907 HARRY C. MYERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3d 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30th 1907 to Sept 2 1907 that I last saw h— alive on Sept 2 1907, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Summer Diarrhoea (DURATION) 2 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H Edw. Hagner M.D.

Address 922 Madison Ave

Date ..... 190..

Place of Burial Loudon Park

Date Sept 4 1907

Undertaker C.H. Bluggard & Co.

Address 1119 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4434 Registered No. B C 4434

39 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac J. Gold

{ Residence, if in Baltimore, Give Street and Number. } 909 N. north Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: White
DATE OF BIRTH: 1	
AGE: 40 years, 9 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Abraham Gold	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Babett Hutzler	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Clerk	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B Gold

(Address) 909 N Gaith

Filed 9/4/07 190 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from July 31 1907 to Sept 3 1907 that I last saw him alive on Sept 3 1907, and that death occurred, on the date stated above, at 2.0 Pm

11. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Tongue

(DURATION) DAYS

Contributory (Primary.) Carcinoma Tongue

(DURATION) DAYS

(Signed) Benjamin Worth, Jr. M.D.

Address Union Protestant Infirmary

Date Sept. 3-07. 190

Place of Burial Har Sinai ✓

Date Sept 5th 190 7

Undertaker Harry Sonnheim

Address 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4435 Registered No. B C 4435

CERTIFICATE OF DEATH.

271

(Place of Death.) No. 1006 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Frances Cummings

{ Residence, if in Baltimore, Give Street and Number. } 1006 E Madison

Duration of Residence in Baltimore. Whole Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 20 1865

AGE 42 years, 5 months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Edwin Rusk

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Margaret Campbell

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin R Cummings

(Address) 34 S Fremont Ave

Filed 9/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3rd 1907

I HEREBY CERTIFY, That I attended deceased from July 1907 to Sept 2 1907

that I last saw her alive on Sept 2 1907,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jaure Bonley M.D.
Per M.S. Smith

Address 1701 Hollins St.

Date Sept 4th 1907

Place of Burial Holy Cross Cem

Date September 1907

Undertaker Jno B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 4436 Registered No. B C 4436

CERTIFICATE OF DEATH. 12°

(Place of Death.) No. 821 N. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie E McNeal

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 22 1869

AGE 38 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER O H Wright

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rebecca L Brooks

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O. McNeal

(Address) 821 N Mount St

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2d 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphixia, caused by heart failure, Suddenly,

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) J. D. Lehrbach M.D.
crown

Address 711 W. Lanvale St

Date Sept 2d 1907

Place of Burial Mt Olivet ✓

Date Sept 5 1907

Undertaker Jos B. Cook

Address 1003 W Baltimore St ✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4437 Registered No. B C 4437

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 745 W Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catharine W D Hill

{ Residence, if in Baltimore, Give Street and Number. } 745 W Franklin St

Duration of Residence in Baltimore. Life W

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 27 1907

AGE — years, 7 months, 7 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Lewis A. Hill

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Ella E. Kuhl

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis A Hill

(Address) 745 W. Franklin St

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30th 1907 to Sept 2nd 1907 that I last saw h[illegible] alive on Sept 2nd 1907, and that death occurred, on the date stated above, at 340

P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Meningitis
Asthenia.

(DURATION) DAYS

Contributory (Primary.) Acute Nutritis

(DURATION) 4 DAYS

(Signed) John T. McCaulley M.D.

Address 656 W Franklin St

Date Sept 3rd 1907

Place of Burial London Park

Date Sept 5 1907

Undertaker Jos. Block

Address 1003 Baltic St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 C 4438 Registered No. B

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 239 N Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo H. Reese

{Residence, if in Baltimore, Give Street and Number.} 239 N Schroeder St

Duration of Residence in Baltimore. 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH Apl 25 1907

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Geo W. Reese

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margt J. Quinn

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Reese

(Address) 239 N Schroeder St

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1907

I HEREBY CERTIFY, That I attended deceased from Apl 1907 to Sept 2 1907

that I last saw h in alive on Sept 2 1907

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

4 Mos (DURATION) DAYS

Con'ributory (Primary.) Asthenia

4 Mos (DURATION) DAYS

(Signed) L Norwood M.D.

Address 739 W Fayette

Date Sept 2 1907

Place of Burial St. Peters

Date Sept 4th 1907

Undertaker John Stubbs

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4439

City of Baltimore, (No. 2324 Hudson Place St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pauline Beatrice Camper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: Black
DATE OF BIRTH: December (Month) 16 (Day) 1906 (Year)
AGE: ..... years, 9 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Baltimore . Md
FULL NAME OF FATHER: James Young
BIRTHPLACE OF FATHER (State or country): Cambridge . Md
MAIDEN NAME OF MOTHER: Henrietta Campen
BIRTHPLACE OF MOTHER (State or country): Vienna - Md
OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Henrietta Camper
Address: 2324 Hudson Place

Filed 9/4 1907
HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Sept 2 1907 that I last saw her alive on Sept 2 1907, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Ileo. Colitis -

(DURATION) 42 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Howard Elmer Ashburn M.D.
Sept 3 1907 (Address) 200 N. Charles St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....
How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 5 1907
UNDERTAKER: Felix B. Pye — ADDRESS: 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward ..... C 4440 Registered No. B .....

CERTIFICATE OF DEATH.

45 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Robinson

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White.

DATE OF BIRTH: 1

AGE: 59 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): England.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 2d. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1907 to Sept 2 1907

that I last saw h.. alive on Sept 2 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion of Lungs.

(DURATION) — DAYS

Con'tributory (Primary.) General Carcinoma

(DURATION) ..... DAYS

(Signed) Robt C. Bay M.D.

Address Bay View

Date Sept. 3. 1907

Place of Burial JOHNS HOPKINS HOSPITAL SEP 3 - 1907

Date ..... 190..

Undertaker William H. Woodus

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

97

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 4441 Registered No. B ..... C 4441

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Mc Daniels

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Col
DATE OF BIRTH: 1	
AGE: 15 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Cook.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/4 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1 1907

I HEREBY CERTIFY, That I attended deceased from Aug 17 1907 to Sept 1 1907 that I last saw h.. alive on Sept 1 1907, and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilitation

..... (DURATION) 1 DAYS

Con'tributory (Primary.) Edocarditis

Senility (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 1 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 3 - 1907 190

Undertaker William H Woodin

Address 1810 Aisquith St

FOR ANATOMICAL PURPOSES,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and date of death.*** ***cause and condition*** (whether married or single) of the person deceased, and the

Ward 17 Registered No. B C 4442

C 4442

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1132 Wilmer alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Mack

{Residence, if in Baltimore, Give Street and Number.} 1132 Wilmer al.

Duration of Residence in Baltimore. 2 mo

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Black
DATE OF BIRTH: 1	
AGE: ..... years, 2 months, ... days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: ~~Ethel~~ Wm Bernard	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Grace Mack	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Mack

(Address) 1132 ~~Hollingsdale~~ Wilmer

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 2 1907

I HEREBY CERTIFY, That I attended deceased from ~~Sept.~~ Aug. 27 1907 to Aug. 29 1907 that I last saw h~~e~~r alive on Aug. 29 1907, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Summer diarrhoea

2 mos (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) M. A. Roberts M.D.

Address 1711 Madison ave.

Date Sept. 2 1907

Place of Burial Mt Auburn cemetery

Date Sept 4 1907

Undertaker Geo H. Hooper

Address 609 E Pratt st

Dispensary patient, only seen at Dispensary.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 4443 Registered No. B C 4443

6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Towson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Spitzer

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 7 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 20 1907

AGE 7 years, — months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Galicyia - Austria

FULL NAME OF FATHER Michael Spitzer

BIRTHPLACE OF FATHER (State or country) Galicyia - Austria

MAIDEN NAME OF MOTHER Victoria Vegel

BIRTHPLACE OF MOTHER (State or country) Galicyia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Victoria Vegel

(Address) 1108 Towson St

Filed 9/4" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2d 1907 to Sept 4 1907

that I last saw h[illegible] alive on Sept 3d 1907

and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Measles (DURATION) 14 DAYS

Con'ributory (Primary)

Asthenia (DURATION) DAYS

(Signed) J Kahn M.D.

Address 1510 E. Lombard

Date Sept 4 11 1907

Place of Burial 2nd Evangelical Cem.

Date Sept 6th 1907

Undertaker H. Sander & Sons

Address 1710 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4441 Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1213 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate Bradley

{Residence, if in Baltimore, Give Street and Number.} 1213 Druid Hill Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH Unknown 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Louis Davis

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Washington

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop.

(Address) 1107 W Otter

Filed 9/4" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Sept 2 1907

that I last saw her alive on Aug 31 1907;

and that death occurred, on the date stated above, at 1030

A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis? (DURATION) unknown DAYS

(Signed) Edw. V. Fitzgerald M.D.

Address 1118 Druid Hill Ave.

Date Sept. 2 1907.

Place of Burial Laurel Cemetery

Date Sept 4th 1907

Undertaker J. A. Bishop

Address 1107 W Otter Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4445 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 2719 Attenson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna McCauley

{Residence, if in Baltimore, Give Street and Number.} 2719 Attenson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 3 1907

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry B McCauley

BIRTHPLACE OF FATHER (State or country): Hagerstown

MAIDEN NAME OF MOTHER: Mary E Hebler

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry B. McCauley

(Address) 2719 Attenson St

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept 4th 1907

that I last saw h ex alive on Sept 4 1907,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth 6½ lbs

lived 6 hrs. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. A Richardson M.D.

Address 112 W. 25th St

Date Sept. 4th 1907

Place of Burial Balto Cem

Date Sept 4/07

Undertaker Lowe & Co

Address 502 E Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4446

City of Baltimore, (No. 1578 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary C. Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 4 (Day) 1846 (Year)

AGE: 61 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Albany, N. Y.

FULL NAME OF FATHER: Geo. T. Crawford

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: — Morain

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie T. Baker

(Address) 1578 W. Fayette St

Filed 9/4 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 4th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1907 to Sept 4 1907

that I last saw her alive on Sept 3 1907,

and that death occurred, on the date stated above, at 6.40 P. M. The CAUSE OF DEATH was as follows:

Exhaustion (DURATION) 3 DAYS

Contributory Carcinoma Recti

3 yrs. (DURATION) DAYS

(Signed) Alex. J. VonSchultz M.D.

Sept. 4 1907 (Address) Office 1656 W. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Va Pungoteague | DATE OF BURIAL: Sept 6 1907

UNDERTAKER: Geo J Smith & Son | ADDRESS: 1500 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C 4447 Registered No. B C 4447

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 406 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Jr. McCaull.

{Residence, if in Baltimore, Give Street and Number.} 406 S. Sharp St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 6th 1844

AGE 63 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER George E. Jr. McCaull.

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER ~ ~

BIRTHPLACE OF MOTHER (State or country) ~ ~

OCCUPATION OF DECEASED Carter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Jr. McCaull

(Address) 406 S. Sharp St.

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Organic disease of heart & kidneys

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. Reinhardt M.D.

Address Coroner

Date Sept. 4. 1907

Place of Burial Western Cemetery

Date Sept. 6th 1907

Undertaker Mr. & Mrs. John H. Teufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the undertaker employed to bury the body, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

C 4448 Registered No. B C 4448

CERTIFICATE OF DEATH.

12°V

(Place of Death.) No. 901 Ridgley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Edw. Kuckuck

{Residence, if in Baltimore, Give Street and Number.} 901 Ridgley St.

Duration of Residence in Baltimore. 70 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 28 1837

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto, ~~Germany~~

FULL NAME OF FATHER Jno. Kuckuck

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Anna Buster

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Carpenter + Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Kuckuck

(Address) 901 E. Ridgely St

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4 1907.

I HEREBY CERTIFY, That I attended deceased from Aug. 4 1907 to Sept 4 1907

that I last saw him alive on Sept. 4 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthma

Auto. Intoxication

Heart failure

(DURATION) 7 DAYS

Contributory (Primary) Ch. Int Nephritis

Mitral Regurgitation etc (DURATION) 2 yrs.

(Signed) M. Heilmeyer M.D.

Address 802 So. Fremont Ave.

Date Sept. 4 1907

Place of Burial London Park

Date Sept 6 1907

Undertaker Wm Leo & Co

Address 3026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF [illegible]

C 4449

Ward 25

C 4449

Registered No. B 1041

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 W. Hamilton St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Ellis

{ Residence, if in Baltimore, Give Street and Number. } 133 W. Hamilton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ Male | COLOR Col

DATE OF BIRTH 1840

AGE 62 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Abraham Ellis

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) . .

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Myers

(Address) 157. N. Monroe St

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Sept 3 1907

that I last saw h— alive on Sept 3 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 m DAYS

Contributory (Primary.) Hardening of Arteries

(DURATION) Years DAYS

(Signed) C. H. Fenton M.D.

Address 714 S. Broadway

Date Sept 3 1907

Place of Burial National Cem-

Date Sept 6 1907

Undertaker Saml. H. Cassell Sons

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 4450 Registered No. B C 4450

1791

CERTIFICATE OF DEATH.

(Place of Death.) No. 2117 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Schriefer

{Residence, if in Baltimore, Give Street and Number.} 2117 E. Chase St.

Duration of Residence in Baltimore. Thirteen

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 28th 1907

AGE ..... years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Micheal Schriefer

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Josephine Spangenberg

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Spangenberg

(Address) 2117 E. Chase St

Filed 9/4/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3rd 1907

I HEREBY CERTIFY, That I attended deceased from July 8th 1907 to Sept. 3rd 1907 that I last saw him alive on Sept. 2nd, 1907, and that death occurred, on the date stated above, at 12:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Marasmus and Ex. Laceration

(DURATION) 8 DAYS

Contributory (Primary.) Marasmus

(DURATION) 2 Mos.

(Signed) Gilbert B. Fitzgerald M.D.

Address 1503 E. North Ave.

Date Sept. 3rd, 1907

Place of Burial St. Alphonsus Cem.

Date September 4th 1907

Undertaker Wm. J. Schaeffer & Son

Address 8 Edith Gilbert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79 V

CERTIFICATE OF DEATH.

Registered No. B C 4451

City of Baltimore, (No. 2111, E Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard D. Pohlhaus

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. (Month) 3rd (Day) 1907 (Year)

AGE: 0 years, 0 months, 15 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Bernard D. Pohlhaus

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Sadie Lafferty.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Pohlhaus

(Address) 2111. E. Preston st

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Sept 3 1907 that I last saw him alive on Sept 3 1907, and that death occurred, on the date stated above, at 11.10 P.M. The CAUSE OF DEATH was as follows:

Valvular heart trouble (DURATION) 15 hours

Contributory Blue Baby (DURATION) ____ DAYS

(Signed) E. C. Peterson M. D.

Sept 4 1907 (Address) 1103 N. Eden St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross Cem. DATE OF BURIAL: Sept 4 1907

UNDERTAKER: Geo M. Sinn ADDRESS: 811 N Wolfe

✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 4452 Registered No. B C 4452

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Martin L. Weber

{Residence, if in Baltimore, Give Street and Number.} Bay View (811 N Gay St)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	Sept. 3rd 1870
AGE	37 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Martin Weber
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	— —
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Sept 3 1907

that I last saw h- alive on Sept 3 1907,

and that death occurred, on the date stated above, at 1 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

(DURATION) DAYS

Con'tributory (Primary.) Acute Pulmonary Tuberculosis (DURATION) 7 DAYS

(Signed) Roth P. Bay M.D.

Address Bay View

Date Sept. 3. 1907

Place of Burial St Mathews Cem

Date Sept. 5th 1907

Undertaker Geo M. Fink.

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4453 Registered No. B C 4453

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augustine Jones

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V. Inf Asy.

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Life (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Patrick J Markoe M.D.

Address 1012 Lafayette Ave

Date Sept 3 1907

Place of Burial New Cathedral

Date Sept 4-th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 4454 Registered No. B C 4454

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Miller

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf Asy.

Filed 9/4 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Grantom

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) P D Martin M.D.

Address .....

Date Sept 3 1907

Place of Burial New Cathedral

Date Sept 4th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

120 V

CERTIFICATE OF DEATH.

Registered No. B C 4455

City of Baltimore, (No. 1231 Ashland Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Fuchs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 6 (Day) 1859 (Year)

AGE: 47 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Ludwig Steil

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Caroline Scheler

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Steil

(Address) 414 Harrison Lane

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 3d (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 25 1907 to Sept 3d 1907

that I last saw her alive on Sept 3d 1907,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Bright's disease

— — (DURATION) ..... DAYS

Contributory .....

— — (DURATION) ..... DAYS

(Signed) E. Millen Read M. D.

Sept 3d 1907 (Address) 904 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem. | DATE OF BURIAL: Sept 4 1907

UNDERTAKER: A. Fink & Son | ADDRESS: 910 W. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 4456 Registered No. B C 4456

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. St Vincents Inf. Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Rebecca Reid.

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Asy.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: years, 1 months, 27 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. Inf Asy.

Filed 9/4 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1 1907

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Malin M.D.

Address

Date Sept 3 1907

Place of Burial New Cathedral

Date Sept 4th 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4457

City of Baltimore, (No. 703 Greenmount Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Barbara.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. 6th 1906 (Month) (Day) (Year)

AGE: 1 years, months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Charlie Barbara

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Carolina Bruna

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavio Di Mateo

(Address) 207 Wolf St Seattle

Filed 9/4 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 3rd 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 17th 1907 to Sept. 2 1907 that I last saw h im alive on Sept. 2 1907, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Cholera infantum

followed by exhaustion.

(DURATION) 16 DAYS

Contributory none

(DURATION) DAYS

(Signed) A. Palmisano M. D.

Sept. 3 1907 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Vincents Cem.	Sept 4 1907
UNDERTAKER	ADDRESS
Germanus Tirance	1901 Bank St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

C 4458

Registered No. B C 4458

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Fell St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Supercynski

{ Residence, if in Baltimore, Give Street and Number. } 912 Fell St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jan Supercynski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Juliganna Rymirska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jan Supercynski

(Address) 912 Fell St

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 190 to 190

that I last saw him alive on Sept 4 190 7

and that death occurred, on the date stated above, at 7.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

4 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo I Sellyacks M.D.

Address 105 S. Bond St

Date Sept 5 1907

Place of Burial St. Stanislaus

Date SEP 5 - 1907 190

Undertaker M. F. SADOWSKI

Address 703 S. Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4459 Registered No. B C 4459

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 737 Forrest St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Martha E. Dixon

{ Residence, if in Baltimore, Give Street and Number. } 737 Forrest St

Duration of Residence in Baltimore. 19 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 8 1835

AGE: 72 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or couutry): Balto Co. Md

FULL NAME OF FATHER: John Garrett.

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Ann Turntough.

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: House keeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Dixon (Son)

(Address) 211 Third Ave City

Filed 9/4 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Sept 3rd 1907 that I last saw her alive on Sept 2nd 1907, and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Eutaw St

Date Sept 3rd 1907

Place of Burial Monkton Md

Date Sept 5 1907

Undertaker A. S. Marshall

Address 539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

154 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4460

City of Baltimore, (No. 1611 Lemon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Bauer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: 6 (Month) 13 (Day) 1828 (Year)

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): do

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): do

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J Bauer

(Address) 1611 Lemon St

Filed 9/4 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 2nd (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 2nd 190[illegible] to Sept 2nd 190[illegible]

that I last saw h[illegible] alive on [illegible] 190[illegible]

and that death occurred, on the date stated above, at 10 30 P.M. The CAUSE OF DEATH was as follows:

Apoplexy duration

6 months (DURATION) — DAYS

Contributory [illegible]

(DURATION) DAYS

(Signed) [illegible] M. D.

Aug 31 1907 (Address) 1118 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cathedral Cem | DATE OF BURIAL: Sept 5 1907

UNDERTAKER: E Hale | ADDRESS: 25 E West St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 4461 Registered No. B C 4461

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1505 Pennsylvania Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Ann Monaghan

{ Residence, if in Baltimore, Give Street and Number. } 1505 Pennsylvania Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR white
DATE OF BIRTH Unknown 1	
AGE 40 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Cornelius Monaghan
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Annie O'Donohue
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Annie Monaghan)

(Address) 1505 Penna Av

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4th 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Sept 4 1907 that I last saw h alive on Sept 3 1907, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs
Heart Disease, valvular
Hemmitagis —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Eglestart M.D.

Address 711 W. Lanvale

Date Sept 4th 1907

Place of Burial Green Cathedral

Date Sept 6th 1907

Undertaker M. Fahey & Sons

Address 6060 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 4462 Registered No. B [illegible] 155

CERTIFICATE OF DEATH.

(Place of Death.) No. 2d Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ellen Hall

{ Residence, if in Baltimore, Give Street and Number. } Day View Asylum P.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) R.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 24 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h alive on [illegible] 190,

and that death occurred, on the date stated above, at 8 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Laudanum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Lloyd L. Rowles M.D.

Address Coroner Office

Date Sept 1 - 07 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 4 - 1907 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

9/1

Ward 10 C 4463 Registered No. B ~~C 4463~~ 1067

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Suzie McE. Garickel

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	W.
DATE OF BIRTH	1830
AGE	77 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Patrick Gillon
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Mary Gillon
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 9/4 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Sr. alive on Aug 29 1907

and that death occurred, on the date stated above, at 1 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Diarrhea

1 yr (DURATION) DAYS

Con'ributory (Primary.)

~~Debility of age~~ (DURATION) DAYS

(Signed) J. A. Warner M.D.

Address 1133 Valley st.

Date Sept 4 1907

Place of Burial Holy Cross

Date Sept. 5th 1907

Undertaker Henry C. Wiedefield

Address 914 Greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

Registered No. B C 4464

106 V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name D. H. Winters

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lee Winters

(Address) Iona Alta Va

Filed Sept 5 190 7

HARRY C. ANDREWS, PERMIT CLERK

Registrar

65662

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4th 1907

I HEREBY CERTIFY, That I attended deceased from 8/23rd 1907 to 9/4 1907

that I last saw him alive on 9/4 1907,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exsanguination

(DURATION) DAYS

Contributory (Primary.) Hemorrhage Enteritis

(DURATION) DAYS

(Signed) H. H. Roberts M.D.

Address University Hospital

Date 9/4/1907

Place of Burial Iona Alta Va

Date Sept 5th 190 7

Undertaker William Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 4465

Ward 1 Registered No. B C 4465

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2400 Fairview St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Auguste Florsing

{Residence, if in Baltimore, Give Street and Number.} 2400 Fairview

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 18 1906

AGE: 0 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank T Florsing

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Anna Augusta Kasper

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank T Florsing

(Address) 2400 Fairview.

Filed 9/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Sept 4 1907

that I last saw her alive on Sept 3 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition

about two months (DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) John H. Ruhlberger M.D.

Address #1709 Alice Ave

Date Sept 5 1907

Place of Burial Immanuels Cemetery

Date Sept 5 1907

Undertaker Louis Hermann

Address 32 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4466

City of Baltimore, (No. 757, George St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Bayless Buckingham

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: April 28 1907 (Month) (Day) (Year)
AGE: ____ years, 4 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single
BIRTHPLACE (State or country): Md.
FULL NAME OF FATHER: Harry Code Buckingham
BIRTHPLACE OF FATHER (State or country): Wash. D.C.
MAIDEN NAME OF MOTHER: Rose Irene Bayless
BIRTHPLACE OF MOTHER (State or country): Md.
OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. A. Thiede
(Address) 705 N. Carrollton Av.

Filed 9/5 1907
HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Sept. 3 1907
that I last saw h[illegible] alive on Sept. 3 1907
and that death occurred, on the date stated above, at 7.55 a.m. The CAUSE OF DEATH was as follows:

Acute Inanition (DURATION) 4 DAYS
Contributory Coma and Exhaustion (DURATION) 1 DAYS

(Signed) G. A. Thiede M. D.
Sept. 4 1907 (Address) 705 N. Carrollton Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Sept 5 1907
UNDERTAKER	**ADDRESS**
Mrs Andrew Rohde Son	730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the undertaker who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1051

CERTIFICATE OF DEATH.

C 4467

Registered No. B.....

City of Baltimore, (No. 1501, Mebster St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nelson Baldwin Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: April (Month) 8 (Day) 1907 (Year)

AGE: X years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John M Wilson

BIRTHPLACE OF FATHER (State or country): Hartford Co. Md

MAIDEN NAME OF MOTHER: Jennie Baldwin

BIRTHPLACE OF MOTHER (State or country): A A Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Wilson

(Address) 1501 Webster St

Filed 9/5 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 3 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Sept 3 1907

that I last saw him alive on Sept 1 1907,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Gastro Enterocolitis

(DURATION) 25 DAYS

Contributory Asthenia

(DURATION) 20 DAYS

(Signed) Wesley Cole M. D.

Sept 3 1907 (Address) 735 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Sept 5 1907

UNDERTAKER: E J Deming | ADDRESS: 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore

Ward 6 C 4468 Registered No. B C 4468

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Rae

{Residence, if in Baltimore, Give Street and Number.} 221 N. Rose St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Mar 27 1873
AGE	34 years, 5 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Robert Rae.
BIRTHPLACE OF FATHER (State or country)	Richmond Va
MAIDEN NAME OF MOTHER	Mary Borgding
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Rae.

(Address) 2152 Fort ave

Filed 9/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Sept 3 1907

that I last saw him alive on Sept 3 1907

and that death occurred, on the date stated above, at 4:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 2 DAYS

Contributory (Primary.) Bright's Disease (DURATION) 1 year

(Signed) W. W. Brown M.D.

Address Md General Hosp.

Date Sept. 3, 1907.

Place of Burial Bulls Cemetery

Date Sept. 7. 1907

Undertaker E J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 8 C 4469 Registered No. B C 4469

CERTIFICATE OF DEATH.

(Place of Death.) No. 2107 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Lorett

{ Residence, if in Baltimore, Give Street and Number. } 2107 E. North Ave.

Duration of Residence in Baltimore. 27 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 24th 1832

AGE 75 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER — Kriessel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Sews Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lorett

(Address) 2107 E North Ave

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4th 1907

I HEREBY CERTIFY, That I attended deceased from Feb 15 1907 to Sept 4 1907

that I last saw h er alive on Sept 4 1907,

and that death occurred, on the date stated above, at 8

I. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(Paralysis)

(DURATION) 1 DAYS

Contributory (Primary.) Cerebral Sclerosis

(DURATION) DAYS

(Signed) C. P. Straus M.D.

Address 1606 Light St.

Date Sept 4 1907

Place of Burial Cremation Loudon Park Cemetery

Date Sept 6th 1907

Undertaker Jno & Jas John W. Teufel

Address 801 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4470

City of Baltimore, (No. 803, Lamesex St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: C

DATE OF BIRTH: ..... (Month) ..... (Day) 1872 (Year)

AGE: 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John. Watkins

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: No Information.

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Jones

(Address) 1219 St. James St

Filed 9/5 1907

HARRY S. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 2 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Sept 2 1907

that I last saw h in alive on Sept 1 1907,

and that death occurred, on the date stated above, at 11 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis 3

(DURATION) DAYS

Contributory Pulmonary Hemorrhage

(DURATION) DAYS

(Signed) A. L. Levy. M. D.

8/3 1907 (Address) 733 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Sept 5 1907
UNDERTAKER	**ADDRESS**
Robert A Elliott	506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4471

City of Baltimore, (No. 878 McKim St. ; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Bantam

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm H. Bantam

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Trustie

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mallie Power

(Address) 878 McKim St

Filed 9/5/07 190 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 2nd 1907 to Sept 3rd 1907 that I last saw h[illegible] alive on Sept 1, 1907, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonalis

(DURATION) 6 mos.

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Lilly M. D.

Sept 4 1907 (Address) 200 Lemmelott

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 6 1907

UNDERTAKER: R. A. Elliott — ADDRESS: 506 Royer Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

C 4472

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 N. Vincent Alley St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Bessie Reed

{Residence, if in Baltimore, Give Street and Number.} 115 N. Vincent Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Middlesex Co. Va.

FULL NAME OF FATHER Samuel Reid

BIRTHPLACE OF FATHER (State or country) Middlesex Co. Va.

MAIDEN NAME OF MOTHER Annie Carey

BIRTHPLACE OF MOTHER (State or country) Middlesex Co. Va

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Samuel Reid

(Address) 115 N. Vincent Alley

Filed 9/5 1907 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4, 1907

I HEREBY CERTIFY, That I attended deceased from August 1907 to September 4 1907

that I last saw h er alive on September 4 1907,

and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. W. Hatchett M.D.

Address Franklin Sq. Hospital.

Date September 4, 1907.

Place of Burial Mt. Auburn Cemetery

Date Sept. 5th 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

4

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

C 4473

Registered No. B.....

City of Baltimore, (No. 327 St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Harig

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W'hte

DATE OF BIRTH Oct (Month) 8 (Day) 1906 (Year)

AGE ..... years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John W Harig

BIRTHPLACE OF FATHER (State or country) City.

MAIDEN NAME OF MOTHER Geo. O'Donnell

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John W Harig

(Address) 327 Harrison

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 4 1907, that I last saw h er alive on Sept 4 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) ..... DAYS

Contributory

(DURATION) ..... DAYS

(Signed) Hunt. Magruder M. D.

9/4 1907 (Address) 1516 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL St. Peter Cemetery | DATE OF BURIAL Sept 5th 1907

UNDERTAKER Wm J Schaeffer Son & C Front & St | ADDRESS

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 4474 Registered No. B 56 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Boyle

{ Residence, if in Baltimore, Give Street and Number. } 1331 W. Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 23 1882

AGE: 24 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER: Michael Boyle

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Cosgrave

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nannie Hackett

(Address) 311 Cather ~~ASYLUM~~ St.

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4. 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1907 to Sept. 4. 1907

that I last saw him alive on Sept. 4, 1907

and that death occurred, on the date stated above, at 4.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Congestion of Lungs (DURATION) 9 Hours

Con'tributory (Primary.) Exhaustion & Alcoholic Insanity (DURATION) 2 DAYS

(Signed) W. M. Owens M.D.

Address Bay View Asylum

Date September 4. 1907

Place of Burial St. Peters

Date September 1907

Undertaker Jos. B. Cook

Address 1003 W. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4475

City of Baltimore, (No. Florence Crittenton Home St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
837 Hollins St

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph C. Coffren

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 10th (Day) 1907 (Year)

AGE: 0 years, 1 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Thomas Coffren

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Bessie Chaney

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Chaney

(Address) 837 Hollins

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 5 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Sept 5 1907

that I last saw him alive on Sept 4 1907,

and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Exanition

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Wm Cook Wallis M. D.

Sept 5 1907 (Address) 510 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Sept 5 1907

UNDERTAKER: Chas E Franch

ADDRESS: 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — C 4476 — Registered No. B C 4476

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2208 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Nathaniel D. Porter

{Residence, if in Baltimore, Give Street and Number.} 2208 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 4th 1829
AGE	78 years, 2 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Robert Porter
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Lillian M. Collier

(Address) 514 S. Collington Ave

Filed 9/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4, 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Sept. 4 1907 that I last saw him alive on Sept 4 1907, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Debility (DURATION) 1 yr DAYS

Contributory (Primary.)

Cerebral Apoplexy (DURATION) 5 DAYS

(Signed) Geo Keller M.D.

Address 1937 Gough St

Date Sept. 5 1907

Place of Burial Western Cemetery

Date Sept. 8th 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward V C 4477 Registered No. B C 4477

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leokdaya Zarzycka

{ Residence, if in Baltimore, Give Street and Number. } # 617 S. Bethel St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER William Zarzycki

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Wolcenia Iglambovska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Zarzycki

(Address) 617 S. Bethel St

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Sept. 4 1907 that I last saw h er alive on Sept 3 1907 and that death occurred, on the date stated above, at 7 1/4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) 32 DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) John H. Rabberger M.D.

Address #1709 Aliceanna St

Date Sept. 4 1907

Place of Burial St. Stanislaus

Date Sept 5 1907

Undertaker Jn F Tadowski

Address 703 S Linn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 4478 Registered No. B C 4478

1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 S. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Long 6

{Residence, if in Baltimore, Give Street and Number.} 907 S Howard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH September 6 1906

AGE ____ years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER James E. Long 6

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Coleman 6

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Long (mother)

(Address) 907 S Howard St

Filed 9/5/07 190

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 3. 1907

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____

that I last saw h ____ alive on ____ 190 ____

and that death occurred, on the date stated above, at 8:30 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) H. Wellenheard M.D.
Coroner

Address ____

Date Sept. 4 1907

Place of Burial Mt Auburn Cem

Date Sept 5 1907

Undertaker G. Z. Brown & Son

Address 108 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death**, to the Undertaker, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 4479 Registered No. B C 4479

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 323. Washington St. Homestead (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bertha A. Koehler

{ Residence, if in Baltimore, Give Street and Number. } 323. Washington St. Homestead

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John J. Koehler.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Amalia Ahlemann.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida S. F. Fuchs.

(Address) 323. Washington St. Homestead

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....;

and that death occurred, on the date stated above, at 12 a M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lodge Cannon M.D.

Address Coroners Office

Date Sept 5 — 07 1907

Place of Burial Loudendale

Date Sept 7 1907

Undertaker Lowe Cook

Address 502 E Fairmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 4480 Registered No. B

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 664 W Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Irene Taylor.

{Residence, if in Baltimore, Give Street and Number.} 664 W Fayette St.

Duration of Residence in Baltimore. During life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 22 1907

AGE: ..... years, ... months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Samuel M. Taylor.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Agnes Carter.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel M Taylor

(Address) 664 Fayette

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 4 1907

that I last saw her alive on Sept 4 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia (DURATION) DAYS

(Signed) M Allemberg M.D.

Address 742 W Fayette St.

Date Sept 4 — 07 1907

Place of Burial Melville Cem. Elkridge

Date Sept 6 1907

Undertaker Wm Cook

Address 530 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 4481 Registered No. B C 4481

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 919. N. Patterson Pk ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine J. Browning.

{ Residence, if in Baltimore, Give Street and Number. } 129. N. Port St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Sept 4 1907

AGE: ..... years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Howard Browning

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Nannie Hess.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Browning

(Address) 919 N Patterson Pk Ave

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 4 1907

that I last saw her alive on Sept 4 1907,

and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 4 DAYS

Contributory (Primary) Acute Mumonyelitis

(DURATION) 7 DAYS

(Signed) Alvin B Lemmon M.D.

Address 742 N. Patterson Pk ave

Date Sept 4 1907

Place of Burial Mt Auburn Cem

Date Sept 6" 1907

Undertaker Jos Stumbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 4482 Registered No. B C 4482

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1923 E Chase St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Leo Jones

{Residence, if in Baltimore, Give Street and Number.} 1923 E Chase St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 11 1907

AGE 0 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William Jones

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Adelaide Fork

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Jones

(Address) 1923 E Chase St

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4 1907

I HEREBY CERTIFY, That I attended deceased from 26 August 1907 to Sept 4 1907 that I last saw him alive on September 4 1907 and that death occurred, on the date stated above, at 7 30 am

11. CAUSE OF DEATH (Secondary or Immediate.)

Cranium abn

Marasmus

Chronic pneumonia Lower Lobe (DURATION) 2 wks DAYS

Contributory (Primary.) Collapse of Lung (DURATION) DAYS

(Signed) Thos J Lucas M.D.

Address

Date 190

Place of Burial New Cathedral Cemetery

Date Sept 6 1907

Undertaker McGinnis and Carroll

Address 1227 Mulliken St

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

WM. J. C. DULANY CO., BALTIMORE.

Ward 18 C 4483 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 839 Rabury St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Carter

{Residence, if in Baltimore, Give Street and Number.} 839 Rabury St

Duration of Residence in Baltimore. 10 wks

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH 1

AGE ..... years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Annie Carter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Purnell

(Address) 839 Rabury St

Filed 9/5 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Sept 4 1907

that I last saw h-- alive on Sept 3 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Entero-Colitis

(DURATION) 2 DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) H Norwood M.D.

Address 739 W Fayette St

Date Sept 4 1907

Place of Burial Mt Auburn

Date Sept 6 1907

Undertaker Jno H Tadman

Address 1422 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 7 — C 4484 — Registered No. B C 4484

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 715 Iceland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Hall

{Residence, if in Baltimore, Give Street and Number.} 715 Iceland St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto, Md

FULL NAME OF FATHER: Hensley Hall

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Griffen

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hensley Hall

(Address) 715 Iceland St

Filed 9/5 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Sept 4 1907

that I last saw him alive on Sept 4 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhoea

(DURATION) 2 weeks DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) Uncertain DAYS

(Signed) A. B. Foster M.D.

Address 712 S Broadway

Date Sept 6th 1907

Place of Burial Mt Auburn

Date Sept 6 1907

Undertaker Jno. H. Tradewell

Address 1412 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward V

C 4485

Registered No. B 151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Nash

{Residence, if in Baltimore, Give Street and Number.} St Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Aug-5 1907

AGE: ..... years, 1 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): ..

MAIDEN NAME OF MOTHER: Agnes Nash

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mildred

(Address) St. Elizabeth's Home

Filed 9/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 16 1907 to Sept 4 1907

that I last saw h.. alive on Sept 4 1907,

and that death occurred, on the date stated above, at .....

11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Since birth (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Standish McAleer M.D.

Address Hospital

Date Sept 5 1907

Place of Burial Cathedral Cemetery

Date September 5 1907

Undertaker Felix B. Pye

Address 102 E Blueberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single

Ward 14 C 4486 Registered No. B C 4486

CERTIFICATE OF DEATH.

(Place of Death.) No. 1609 Bolton st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Klingstine

{Residence, if in Baltimore, Give Street and Number.} 1609 Bolton st.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 30th 1845

AGE 61 years, 11 months, 5 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) New York City

FULL NAME OF FATHER Philipp H Keppe

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Marie L. Lang

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. H. Klingstine

(Address) 1609 Bolton St.

Filed 9/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1907.

I HEREBY CERTIFY, That I attended deceased from June 26 1907 to Sept. 5 1907.

that I last saw her alive on Sept. 5 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial nephritis

several months (DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) L. F. Schemmel M.D.

Address 2226 Madison Av.

Date Sept. 5 1907.

Place of Burial Lorraine Cemetery

Date September 7th 1907

Undertaker Stewart & Brown Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 4487 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2408 Orleans St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lawrance Wolfsmann

{Residence, if in Baltimore, Give Street and Number.} 2408 Orleans st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 7th 1852

AGE 54 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER L. Wolfsmann Sr.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Cassaway

(Address) 2408 Orleans st

Filed 9/5 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 5 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept 5 1907

that I last saw him alive on Sept 5 1907.

and that death occurred, on the date stated above, at 3.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) DAYS

Con'tributory (Primary.) ~~Pulmonary Oedema~~

(DURATION) DAYS

(Signed) Dr. Wm. J. Williams M.D.

Address 242 E. Fayette St

Date Sept 5 1907

Place of Burial MT. CARMEL CEMETERY.

Date SEP 8 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 4488 Registered No. B [illegible]

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 311 S. Cathcart Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmine Weide

{Residence, if in Baltimore, Give Street and Number.} 311 S Cathcart Str.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Oct 22 1833

AGE: 73 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Hanover - Germany.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House work —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Adolph Weide

(Address) 3811 Poplewood Ave

Filed 9/5 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 — 1907 to Sept 4 1907 that I last saw h er alive on Sept 3 1907, and that death occurred, on the date stated above, at 5 — A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

5 — 6 hr.
(DURATION) DAYS

Con'tributory (Primary.) Bronchial Asthma —
Arteria Sclerosis Debility (DURATION) Unknown DAYS

(Signed) Geo. Mahle M.D.

Address 1903 W Baltimore Ste —

Date Sept 4 — 1907

Place of Burial St Mathews Cemetary

Date SEP 6 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd

C 4489

Registered No. B C 4489

CERTIFICATE OF DEATH.

(Place of Death.) No. 1740 Clarkson St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Morris Taylor

{Residence, if in Baltimore, Give Street and Number.} 1740 Clarkson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Jan 5 " 1890

AGE 17 yrs 8 months

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George W. Taylor

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Amelia Brown

BIRTHPLACE OF MOTHER (State or country) Carroll Co Maryland

OCCUPATION OF DECEASED House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie E Ray

(Address) 1748 Clarkson st

Filed 9/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5" 1907

I HEREBY CERTIFY, That I attended deceased from aug 24 1907 to Sept 5 1907

that I last saw h.. alive on Sept 5 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemorrhage

(DURATION) 24 hours DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 12 DAYS

(Signed) R. E. L. Campbell M.D.

Address 1644 Hanover St

Date Sept 5 1907

Place of Burial Greenden Hill

Date Sept ~~Aug~~ 7 1907

Undertaker J E Swanston

Address 1428 E Chas St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4490

City of Baltimore, (No. 1822, N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Casper Antrosa Kreutzer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 18 (Day) 1875 ~~1877~~ (Year)

AGE: 32 years, 2 months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ceily

FULL NAME OF FATHER: John Kreutzer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Helen Heidenkamper

BIRTHPLACE OF MOTHER (State or country): Ceily

OCCUPATION OF DECEASED: Brass Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Kreutzer

(Address) 1822 N. Dallas St

Filed 9/5 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 30 1906 to Sept 4 1907 that I last saw h[illegible] alive on Sept 4 1907, and that death occurred, on the date stated above, at 10 p. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 yrs DAYS

Contributory Exhaustion

(DURATION) 2 mo DAYS

(Signed) A. W. Macdonald M. D.

Sept 5 1907 (Address) 1540 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem

DATE OF BURIAL: Sept 7 1907

UNDERTAKER: Henry Hoeck & Son

ADDRESS: 1309 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of dea[illegible]

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 540 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles. E. Langhirt

{ Residence, if in Baltimore, Give Street and Number. } 540 N Bond St.

Duration of Residence in Baltimore. Life

C. 4491

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 4th 1907

AGE: ..... years, 2 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Sebastian Langhirt

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Blanch Shelley

BIRTHPLACE OF MOTHER (State or country): York. Pa.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sebastian Langhirt

(Address) 540 N. Bond St.

Filed 9/5 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 4. 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 13 1907 to Sept. 4. 1907

that I last saw him alive on Aug. 30 1907,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) 60 DAYS

(Signed) Geo. A. Hitchcock M.D.

Address 112 N Caroline St.

Date Sept. 5. 1907

Place of Burial Holy Redeemer Cemetery

Date Sept. 6. 1907

Undertaker Henry Stoecker Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] C 4492 Registered No. B C 4492

C-4492 rev V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1569 Richland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah I Roberts

{ Residence, if in Baltimore, Give Street and Number. } 1569 Richland St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	36 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Bath Co Va
FULL NAME OF FATHER	Richard Burks
BIRTHPLACE OF FATHER (State or country)	Bath Co Va
MAIDEN NAME OF MOTHER	Ursler Carr
BIRTHPLACE OF MOTHER (State or country)	Bath Co Md
OCCUPATION OF DECEASED	Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Wm Roberts

(Address) 1569 Richland St

Filed 9/5 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept 4 1907 that I last saw h[illegible] alive on Sept 4 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Melvin M.D.

Address 1303 W North Ave

Date Sept 4 1907

Place of Burial Stanton Church Cemetery Carroll Co Md

Date Sept 6 1907

Undertaker John F Hough Co

Address 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

78 ✓

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4493

City of Baltimore, (No. 1127, W. Franklin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. (Month) 10 (Day) 1828 (Year)

AGE: 78 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Robert Goss

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Nancy Towers

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Whittaker

(Address) 1622 W. Franklin

Filed 9/5/07 190

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1907 to Sept 4 1907 that I last saw her alive on Sept 4 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Dilatation of Heart + Edema of Lungs

(DURATION) 1 DAYS

Contributory Chronic Endocarditis

about 2 yrs (DURATION) DAYS

(Signed) J. G. Jeffers M. D.

Sept 5 1907 (Address) 413 N. Carrollton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Sept. 6 1907

UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 4494 Registered No. B 151 C 4494

CERTIFICATE OF DEATH.

(Place of Death.) No. 138 W Hill St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant Flennie Rhodes-

{Residence, if in Baltimore, Give Street and Number.} 138 W. Hill St. Balto.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Sept 4th 1907

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Grace Rhodes-

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Baymond

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Emmert

(Address) City Hospital

Filed 9/5" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 5 1907

that I last saw h in alive on " " 1907

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth.

duration of pregnancy.

Had reached 6th month

Child not viable

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W H Baker M.D.

Address City Hospital

Date Sept 5 1907

Place of Burial Mt. Auburn Cem.

Date Sept 5 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH. 191

(Place of Death.) No. Bay View City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benj. Sachs

{Residence, if in Baltimore, Give Street and Number.} 128 N. Eden St. C. 4495

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1867 1907

AGE: 40 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWER, OR DIVORCED~~,

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Isaac Sachs

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Joshevitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Friedman

(Address) 7 W Franklin

Filed 9/6 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from August 10 1907 to Sept 5 1907 that I last saw h[illegible] alive on Sept 1 1907, and that death occurred, on the date stated above, at 4A M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease,
dilatation, mitral
regurgitation -

(DURATION) 1 year

Contributory (Primary.)

Arteriosclerosis (DURATION) ~~DAYS~~
a heart failure

(Signed) Julius Friedman M.D.

Address 7 W. Franklin

Date Sept 5 1907

Place of Burial Rosedale Cemetery

Date Sept 6, 1907

Undertaker Max Levin

Address 1625 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4496

CERTIFICATE OF DEATH.

427

(Place of Death.) No. 950 Hickory Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza J. Nall.

{Residence, if in Baltimore, Give Street and Number.} 950 Hickory Ave.

Duration of Residence in Baltimore. 1 Balto Ind. C 4496

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	April 18 1849
AGE	58 years, 5 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	Jonah
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lina Sullivan

(Address) 950 Hickory ave

Filed 9/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5th/4 1907

I HEREBY CERTIFY, That I attended deceased from June 1906 to 5th/4 1907

that I last saw her alive on 5th/4 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Indefinite (DURATION) DAYS

Contributory (Primary.) Carcinoma of uterus (DURATION) 1 Year DAYS

(Signed) R. B. Nauman M.D.

Address 3543 Chestnut Ave

Date Feb 8th 1907

Place of Burial St Mary's, Hampden

Date Feb 6 1907

Undertaker W. E. Chenowith & Son

Address 919 E. 25th st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B .....

CERTIFICATE OF DEATH

1081

(Place of Death.) No. Union Protestant Infirmary St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver Ray

{ Residence, if in Baltimore, Give Street and Number. } 95-9 Milton Place

C. 44957

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Jan 18 1834

AGE: 73 years, 7 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Basil Ray

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont

Filed 9/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1907 to Sept. 6, 1907.

that I last saw h[illegible] alive on Sept. 6, 1907,

and that death occurred, on the date stated above, at 3.40 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Shock, from intestinal obstruction

.....

.....

.....

CERTIFICATE OF DEATH.

78 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Branch.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C. 11498

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: 1

AGE: 23. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) yday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5' 1907

I HEREBY CERTIFY, That I attended deceased from Mar 27 1906 to Sept. 5 1907

that I last saw h-- alive on Sept 6 1907

and that death occurred, on the date stated above, at 5.30 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac dilatation

(DURATION) / DAYS

Con'tributory (Primary.) Endocarditis

(DURATION) — DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Sept. 5' 1907

Place of Burial JOHNS HOPKINS HOSPITAL SEP 5 1907

Date SEP 5 - 1907 1907

Undertaker Wm. Woodier

Address 1810 Aisens St

FOR ANATOMICAL PU[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

207

C 4499 Registered No. D .....

8 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Wilson

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

C. 44997

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Whit.

DATE OF BIRTH: 1

AGE: 76 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ....yday, ...Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Sept 6 1907

that I last saw h— alive on Sept 4 1907,

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate.)

General debility

(DURATION) ..... DAYS

Con'tributory (Primary.) Arterio - Sclerosis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 6 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 5 - 1907

Undertaker Wm. J. Howden

Address 1810 Aikens St

FOR ANATOMICAL PU[RPOSES]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

207

C 4500 Registered No. B

CERTIFICATE OF DEATH.

401

(Place of Death.) No. Balto City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John O Doyle -

{ Residence, if in Baltimore, Give Street and Number. } 100 N Eden St.

Duration of Residence in Baltimore. L.

C. 4500

PERSONAL AND STATISTICAL PARTICULARS

SEX: M-

COLOR: W

DATE OF BIRTH: 1

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single -

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/6 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 - 1907 to Sept 4 1907

that I last saw him alive on Sept 4 1907

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

1 Carcinoma

2 Asphyxia -

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) H H Roka M.D.

Address City Hospital

Date Sept 5 - 1907

Place of Burial JOHNS HOPKINS HOSP

Date SEP 5 - 1907 190

Commissioner Health.

Undertaker

Address Howell Desh

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

205

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B C 4501

CERTIFICATE OF DEATH.

130 ✓

(Place of Death.) No. Baltimore City Hospitals St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estella Preston

{Residence, if in Baltimore, Give Street and Number.} 1009 E Oliver St

Duration of Residence in Baltimore. 2 -

C. 4501

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W.

DATE OF BIRTH Feb 28 1882

AGE 25 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single -

BIRTHPLACE (State or country) Md -

FULL NAME OF FATHER Robert a Preston

BIRTHPLACE OF FATHER (State or country) Hoffard Co

MAIDEN NAME OF MOTHER Sar F Roles

BIRTHPLACE OF MOTHER (State or country) Baltimore Co

OCCUPATION OF DECEASED Manicurist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Robert a Preston

(Address) 1009 E Oliver St

Filed 9/6 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept 4 1907

that I last saw her alive on Sept 4 1907,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Pelvic Abscess -

(DURATION) - DAYS

Contributory (Primary.) Peritonitis

~~Thrombosis~~ (DURATION) 3 DAYS

(Signed) H H Baker M.D.

Address City Hospitals.

Date Sept 4 1907

Place of Burial Loudon Park Cemet

Date Sept 6 1907

Undertaker Walter W Shriver

Address 916 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

61v

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 N Mount St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Elbert Warfield

{Residence, if in Baltimore, Give Street and Number.} 902 N. Mount St.

Duration of Residence in Baltimore. for life.

C 4502

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 14 1906

AGE: 1 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James E Warfield

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mamie L Ross

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Warfield.

(Address) 902 N Mount St

Filed 9/6/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 5th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Sept. 5th 1907

that I last saw him alive on Sept. 5th 1907,

and that death occurred, on the date stated above, at 10.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebro spinal meningitis.

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St.

Date Sept-5th 1907.

Place of Burial Loudon Park

Date September 7. 1907

Undertaker Joseph B Cook

Address 1003 W. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B .....

91 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celia Gordon

{Residence, if in Baltimore, Give Street and Number.} 125 N. Central Ave

Duration of Residence in Baltimore. 20 Years. C.4503

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 60 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Aaron Ginsberg Mrs

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Leah Gordon

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Ho O

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abe Gordon

(Address) 125 N. Central Ave

Filed 9/6 1907 HARRY G. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 5th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Sept 1907

that I last saw h.. alive on " 2 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Dilatation of the Heart

(DURATION) 1 DAY

Con'ributory (Primary.) Chronic Bronchitis and Emphysema (DURATION) about a year

(Signed) Mark M. Aarons M.D.

Address 1121 E. Baltimore St.

Date September 5th 1907

Place of Burial Baltimore Hebrew Cemetery

Date Sept 6, 1907

Undertaker Max Levinson

Address 1210 N. Eden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 4504 Registered No. B C 4504

641

CERTIFICATE OF DEATH.

(Place of Death.) No. 140 W Eldery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara A. Braun

{Residence, if in Baltimore, Give Street and Number.} 140 W Eldery St

Duration of Residence in Baltimore. 70 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 27 18[illegible]

AGE 83 years, ___ months, ___ days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Stephen Frech

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER B Whittington

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ~~[illegible]~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Braun

(Address) 704 E Lafayette Ave

Filed 9/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Sept 5 1907 that I last saw h[illegible] alive on Sept 4 1907, and that death occurred, on the date stated above, at 12.05 A.M. CAUSE OF DEATH (Secondary or immediate.)

1st C. Apoplexy

2nd (DURATION) 8 DAYS

Contributory (Primary.) Bronchopneumonia

(DURATION) 8 DAYS

(Signed) Arthur Brayton M.D.

Address 2031 Eutaw Place

Date Sept 5 1907

Place of Burial Dulaney

Date Sept 7 1907

Undertaker Robt J Lennon

Address 1442 N Gay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 4505 Registered No. B 40 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 N. Milton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Elizabeth Ritter

{ Residence, if in Baltimore, Give Street and Number. } 1109 N. Milton Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 25 1863

AGE 47 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Wilmington Del

FULL NAME OF FATHER Capt John H. Owens

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary St. Owens

BIRTHPLACE OF MOTHER (State or country) Talbot Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos J. Ritter

(Address) 1109 N. Milton ave

Filed 9/6/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4th 1907

I HEREBY CERTIFY, That I attended deceased from May 20th, 1907 to September 4th 1907 that I last saw h[illegible] alive on Sept. 3rd, 1907, and that death occurred, on the date stated above, at 6:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion and Cardiac Asthenia

(DURATION) 5 DAYS

Contributory (Primary.) Carcinoma of Liver (DURATION) 6 Mos

(Signed) Albert S. Fitzgerald M.D.

Address 1503 E. North Ave.

Date Sept. 4th 1907

Place of Burial Holy Redeemer

Date Sept. 7 1907

Undertaker Robt J. Lennon

Address 1422 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4506

City of Baltimore, (No. 1317 S. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eland F. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 23 (Month) (Day) 1906 (Year)

AGE: ..... years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Andrew J Smith

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Minnie Narbringer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gus Knell

(Address) 917 Columbia Ave

Filed 9/6/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6th 190 5 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 19 190 7 to Sept 6 190 5

that I last saw h alive on Sept 5th 190 5 at 12 30

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 45 DAYS

Contributory Exhaustion

(DURATION) 10 DAYS

(Signed) Edw Spencer M. D.

Sept 6 190 5 (Address) 517 Lemmon

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Sept 7 190 7

UNDERTAKER: D Knell & Son

ADDRESS: 801 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ... 1907 Registered No. B ... 1647

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Stacel

{Residence, if in Baltimore, Give Street and Number.} 804 Harris et Lane C 4507

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ... 1 ...

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltic

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 9/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 190 7

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull

Acc

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Edgar Carretta M.D.

Address Canton

Date Sept 5-07 190

Place of Burial Lauel

Date Sept 6 190 7

Undertaker Wm J G Jackson

Address 1921 Middlekiff St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEAL

NO

C

City of Baltimore, (N
[If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information."]

PERSONAL AND

SEX Male

DATE OF BIRTH Dec

AGE ... years,

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER And

BIRTHPLACE OF FATHER (State or country) G

MAIDEN NAME OF MOTHER Meinr

BIRTHPLACE OF MOTHER (State or country) G

OCCUPATION OF DECEASED

THE ABOVE STATED PERS
BEST OF MY KNOWLEDG

(Informant) Geo

(Address) 917

Filed 9/6 190 7

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 S Bond St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ms Harry Badoff

{Residence, if in Baltimore, Give Street and Number.} 206 S Bond st

Duration of Residence in Baltimore. Lifetime

C.4508

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 1 1907

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Arie Badoff

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Yeta Gilbert

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arie Badoff

(Address) 206 S Bond st

Filed 9/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 6 1907

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate

Icterus

(DURATION) DAY

Contributory (Primary)

Jaundice (DURATION) DAY

(Signed) J. H. Collenberg M.D.

Address 1810 E Baltimore st

Date Sept 7 1907

Place of Burial Rosedale Cemetry

Date Sept 6, 1907

Undertaker Mary Levinson

Address 620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179 V

CERTIFICATE OF DEATH.

Registered No. B C 4509

Guild Home

City of Baltimore, (No. Chase & Eaden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gladis Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June Sept 16 (Month) (Day) 1907 (Year)

AGE: ..... years, 3 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Leity

FULL NAME OF FATHER: Nen Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Ethel Wilson

BIRTHPLACE OF MOTHER (State or country): Leity

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. O Brooke

(Address) 1204 W. Baltimore St

Filed 9/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Sept 6 1907 that I last saw her alive on Sept 6 1907, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 23 DAYS

Contributory Hot weather

(DURATION) ..... DAYS

(Signed) E. L. Peterson M. D.

Sept 16 1907 (Address) 1103 N Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: E. Peters cem

DATE OF BURIAL: 9-6 1907

UNDERTAKER: Robt Brookens

ADDRESS: Calhoun St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4510

City of Baltimore, (No. Guilford Home Chase & Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Johnson,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 24, (Month) (Day) 1907 (Year)

AGE: ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City, Hopkins Hosp.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown,

MAIDEN NAME OF MOTHER: Ella Johnson,

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 1204 W Baltimore St

Filed 9/6 1907

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~July~~ Sept. (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Sept. 4 1907 that I last saw her alive on Sept 4 1907, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Cholera Infantum,

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. V. Downes, M. D.

Sept. 4, 1907 (Address) 1617 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St. Peters

DATE OF BURIAL: 9-6 1907

UNDERTAKER: Robt. Brooks

ADDRESS: 1204 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B

C 4511

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 652 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura V Summers

{ Residence, if in Baltimore, Give Street and Number. } 652 Bradley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: George Summers

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Emma Chester

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Chester

(Address) 652 Bradley St.

Filed 9/6 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1907 to Sept 4th 1907

that I last saw h.. alive on Sept 4th 1907;

and that death occurred, on the date stated above, at 10.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

Convulsions, Asthenia

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Sept 5th 1907

Place of Burial Laurel Cemetery

Date Sept. 6th 1907

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1041

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4512

Registered No. B.....

City of Baltimore, (No. 1307 Bway St, 5th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Stephen Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Daniel Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam St Jones

(Address) 1230 E Lexington

Filed 9/6 1907

HARRY C. ANDREWS, PARKS CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 5th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1907 to Sept 5th 1907

that I last saw h in alive on Sept 4th 1907,

and that death occurred, on the date stated above, at 2.45 a. M. The CAUSE OF DEATH was as follows:

Acute Gastritis
Excessive vomiting 2 (DURATION) DAYS

Contributory Exhaustion (DURATION) 1 DAYS

(Signed) A. F. Ries M. D.

Sept. 6th 1907 (Address) 213 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 7 1907

UNDERTAKER: R. A. Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

2

Ward 5 C 4513 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwards Wilson

{Residence, if in Baltimore, Give Street and Number.} 419 N Central Ave

Duration of Residence in Baltimore. Life C. 4513

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE ..... years, ... months, 21 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ }

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thos G Wilson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ida Sims

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos G Wilson

(Address) 419 N Central Ave

Filed 9/6 1907

HARRY D. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3½

11. CAUSE OF DEATH (Secondary or immediate)

Contusion

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lafe Cameron M.D.

Address Coroner

Date Sept 5 -07 1907

Place of Burial Woodlawn Cemetery

Date Sept 6 1907

Undertaker P A St Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 45X-2 Registered No. B

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2122 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernon Mehner

{Residence, if in Baltimore, Give Street and Number.} 2122 Penna Ave

C. 4514

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: — 1907

AGE: — years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Edward H Mehner

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laurel Renehan

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward H Mehner

(Address) 2122 Penna Ave

Filed 9/6 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5 th, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 th, 1907 to Sept 5 th, 1907 that I last saw him alive on Sept 5 th, 1907, and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Eclampsia

(DURATION) One hour DAYS

Contributory (Primary.) Cholera Infantum (DURATION) One DAYS

(Signed) Wm E. Miller M.D.

Address 2239 Penna. Ave

Date Sept. 6th, 1907

Place of Burial Western Cemetery

Date Sept 7th 1907

Undertaker H. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 617

CERTIFICATE OF DEATH.

(Place of Death.) No. 2500 Woodbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marie E Wareheim.

{Residence, if in Baltimore, Give Street and Number.} 2500 Woodbrook Ave

Duration of Residence in Baltimore. Life

C.4513

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 21 1907

AGE: 2 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): ~~Germany~~ Balto

FULL NAME OF FATHER: Balto Wm Wareheim.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Ida Groco.

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wareheim

(Address) 2500 Woodbrook Ave

Filed 9/6 1907

HARRY C. ANDREWS, Registrar.
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 5 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 5 1907 to Sept 5 1907

that I last saw h er alive on Sept 5 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis.

(DURATION) 6 DAYS.

Con'tributory (Primary.)

(DURATION) DAYS.

(Signed) I. Frederick Leitz M.D.

Address 1340 W. North Ave

Date Sept 5 - 07. 190

Place of Burial Mt Olivet

Date Sept 7 1907

Undertaker Wm Cook

Address 902 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

106 V

(Place of Death.) No. 1112 N. Monor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Hannah Watts

{ Residence, if in Baltimore, Give Street and Number. } 1112 N. Monor St,

C. 4516

Duration of Residence in Baltimore. 7 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Phila

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Edw L. Reed

(Address) 1112 N. Monroe St

Filed 9/6" 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 5 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Sept-5- 1907 that I last saw h er alive on Sept-5- 1907, and that death occurred, on the date stated above, at 10:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3/4 DAYS

Contributory (Primary.) Enteritis and Debility (DURATION) 9 DAYS

(Signed) Wm. W Stark M.D.

Address 806 N Fulton Ave

Date Sept - 5 - 1907

Place of Burial Winton Place. Co. Hamilton Ohio

Date Sept 7 1907

Undertaker Wm Cook

Address 1502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C 4517 Registered No. B [illegible] 166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Hamilton

{ Residence, if in Baltimore, Give Street and Number. } Rock Hall, Md

Duration of Residence in Baltimore. Lon-nicht

C.4517

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Lot Known

BIRTHPLACE (State or country): — — — —

FULL NAME OF FATHER: — — — —

BIRTHPLACE OF FATHER (State or country): — — — —

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B.S. Hayden

(Address) 1216 N Carolina st

Filed 9/6 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26- 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to — 190—

that I last saw him alive on — 190—

and that death occurred, on the date stated above, at 9.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Paralysis from fractured spine.

(DURATION) ..... DAYS

Contributory (Primary.) Accidental injury by his wagon (DURATION) — DAYS

(Signed) Benj. B. Hayden M.D. Coroner

Address 1216 N. Carolina st.

Date Sept. 6- 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 6 - 1907 190—

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

Morgue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, birthplace, occupation, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

202

Ward 14 C 4518 Registered No. B

CERTIFICATE OF DEATH.

118 V

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rev. Silas Southerland, D.D.

{ Residence, if in Baltimore, Give Street and Number. } 1826 Edmondson Ave.

C. 4518

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	W.
DATE OF BIRTH	May 17 1817
AGE	90 years, 3 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Jno Southerland
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	?
OCCUPATION OF DECEASED	Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Southerland

(Address) 1826 Edmondson Ave

Filed 9/6 1907

HARRY C. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Sept 5 1907

that I last saw him alive on Sept 5 1907,

and that death occurred, on the date stated above, at 7.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) DAYS

Contributory (Primary.) Appendicitis. (Gangrenous)

(DURATION) DAYS

(Signed) Benjamin Coates Jr. M.D.

Address U. P. I.

Date September 5 1907

Place of Burial Baltimore Cemetery

Date Sept. 7 1907

Undertaker W. J. Pilkington

Address Camden Station

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B C 4519

CERTIFICATE OF DEATH.

36 V

(Place of Death.) No. St Vincents Infant St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Samuel Hart

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: ....years, ...months, 18 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	/
MAIDEN NAME OF MOTHER	/
BIRTHPLACE OF MOTHER (State or country)	/
OCCUPATION OF DECEASED	/

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vin. Inf. Asy.

Filed 9/6 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from .....190.....to.....190.....

that I last saw h.....alive on.....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

.....(DURATION).....DAYS

Con'ributory (Primary.) Congenital Syphilis (DURATION).....DAYS

(Signed) Patrick F Harkin M.D.

Address .....

Date Sept 6 1907

Place of Burial New Cathedral

Date Sept. 7 1907

Undertaker Marfey Feahey & Co

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — C 4520 — Registered No. B C 4520

1796

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Sheila Harriman

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St Vincents Asy.

Filed 9/6/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from June admission 190 to Aug 25 190 7

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Marlow M.D.

Address

Date Sept 6 1907

Place of Burial New Cathedral

Date Sept 7 1907

Undertaker Mourtin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4521 Registered No. B 20 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maud J. Darnell

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore.

C 4521

PERSONAL AND STATISTICAL PARTICULARS.

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St V. Inf. Asy.

Filed 9/6/07 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 5 1907

that I last saw her alive on Sept 4 1907,

and that death occurred, on the date stated above, at 6.30 a- M. CAUSE OF DEATH (Secondary or Immediate.)

General infection,

(DURATION) 2 DAYS

Con'tributory (Primary.)

abscess of liver, (DURATION) 5 DAYS

(Signed) A Martin M.D.

Address 1002 W Laf. Ave

Date Sept 5 1907.

Place of Burial New Cathedral

Date Sept 7 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

50 V

(Place of Death.) No. 1270 Battery Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen A Jones.

{Residence, if in Baltimore, Give Street and Number.} 1270 B Battery Ave

Duration of Residence in Baltimore. Life. — P. 1522

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem.	COLOR White
DATE OF BIRTH Sept 22 1836	
AGE 70 years, 11 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md —
FULL NAME OF FATHER	Thomas Sterling
BIRTHPLACE OF FATHER (State or country)	Cambridge Md
MAIDEN NAME OF MOTHER	Catherine Dove
BIRTHPLACE OF MOTHER (State or country)	Cambridge Md
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlie Jones

(Address) 1270 Battery Ave.

Filed 9/6" 1907

HARRY C. ANDR[illegible]
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1907 to Sept 5 1907

that I last saw h[illegible] alive on Sept 2 1907,

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetic Coma.

(DURATION) 24 hours

Contributory (Primary.) Diabetes

(DURATION) DAYS

(Signed) C. P. Straus M.D.

Address 1606 Light St

Date Sept 5/07. 1907

Place of Burial Mt Olivet Cemetery

Date September 7 1907

Undertaker Edward I Fanning

Address 1460 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 4529 Registered No. B [illegible] 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 790 W. ~~Baltimore~~ Franklin St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Charles Frantz Reutz

{Residence, if in Baltimore, Give Street and Number.} 790 W ~~Baltimore~~ Franklin St

Duration of Residence in Baltimore. Life

C.H. 5253

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 4th 1906

AGE: 1 years, 1 months, ~~11~~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: F. P. Reutz

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Bernidena Heyrnd

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Reutz

(Address) 790 W Franklin St

Filed 9/6 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1907 to Sept 5th 1907

that I last saw h[illegible] alive on Sept 5th 1907

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dysentery

(DURATION) 1 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) A Ellise M.D.

Address 1000 W. Cross St

Date Sept 5th 1907

Place of Burial Holy Redeemer

Date Sept 7 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 4534 Registered No. B 1547

CERTIFICATE OF DEATH.

(Place of Death.) No. 1847 W. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Hohman

{ Residence, if in Baltimore, Give Street and Number. } 1847 W. Pratt St.

Duration of Residence in Baltimore. 60 years.

C. 4524

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Homan

(Address)

Filed 9/6 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6th 1907

I HEREBY CERTIFY, That I attended deceased from May 8th 1907 to Sept 6th 1907

that I last saw him alive on Sept 5th 1907,

and that death occurred, on the date stated above, at 7.00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Senile debility

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard St.

Date Sept 6th 1907

Place of Burial Western Cemetery

Date Sept 8 1907

Undertaker H. C. Brunning

Address 5. S. Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah. Jefferson

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

C. 41525

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lemar Hollyday

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 9/6 1907

MARY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ..... Sept. 5 1907

I HEREBY CERTIFY, That I attended deceased from Mar. 19 1907 to Sept 5 1907

that I last saw h.. alive on Sept 5 1907,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

(DURATION) 1 DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis - (DURATION) - DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 6. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 6 - 1907 190....

Undertaker William H. Woodus

Address 1810 Aisquith St.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

208

C 4526

CERTIFICATE OF DEATH.

79 ✓

(Place of Death.) No. 112 Clay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Frey

{ Residence, if in Baltimore, Give Street and Number. } Baltimore 112 Clay St.

C 4526

Duration of Residence in Baltimore. 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 1835

AGE 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) France

FULL NAME OF FATHER Guillaume Coutel

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Marie Coutel

BIRTHPLACE OF MOTHER (State or country) France

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Krause

(Address) 703 Hanover St

Filed 9/6 1907

HARRY J. ARMSTRONG, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5th September 1907

I HEREBY CERTIFY, That I attended deceased from 20 August 1907 to 5th Septemb 1907 that I last saw h[illegible] alive on 5th Sept 1907 and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) 15 DAYS

Contributory (Primary.) —

(DURATION) ..... DAYS

(Signed) Joseph Bondy M.D.

Address 204 N. Green Street

Date 6 September 1907

Place of Burial Baltimore Cemetery

Date Sept 7 1907

Undertaker F A Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 C 4527 Registered No. B 1207

CERTIFICATE OF DEATH.

(Place of Death.) No. St Paul St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James L Dorsey.

{ Residence, if in Baltimore, Give Street and Number. } 1390 Stockton St

C. 4527

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) St Marys co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) St Marys co

MAIDEN NAME OF MOTHER Elizabeth Johnson

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L Dorsey

(Address) 1390 Stockton St

Filed 9/6 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw him alive on ... 190 ...,

and that death occurred, on the date stated above, at 5 ... M. CAUSE OF DEATH (Secondary or Immediate)

Cr. Nephritis.

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fredk Camalier M.D.

Address Coroners Dept

Date September 5 1907

Place of Burial Cathedral

Date Sept 8th 1907

Undertaker Edmund C Wright

Address 1364 W Mary St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 2 Registered No. B C 4528

CERTIFICATE OF DEATH.

66 ✓

(Place of Death.) No. 210 East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie Brawner

{Residence, if in Baltimore, Give Street and Number.} 210 East St

C. 4528

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph Broawerd

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: Cathenne Parker

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel B Clarke

(Address) Eliggrige arrison Co

Filed Sept 7 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to Sept 5 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 118 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Hanglan M.D.

Address 1316 N. Carrollton Ave

Date Sept 6 1907

Place of Burial St Veronica Cemetery

Date Sept 7 1907

Undertaker Felix B Pyle

Address 102 E Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C 4529

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Smith

{ Residence, if in Baltimore, Give Street and Number. } Unknown

Duration of Residence in Baltimore. 3 years.

C. 4529

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) N. J. - Camden.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) City Hospital

(Address) Balto Md

Filed Sept 7 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 6 1907

that I last saw him alive on Sept 6 1907,

and that death occurred, on the date stated above, at 1 10 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

1. Heart Disease

(DURATION) — DAYS

Contributory (Primary.) Exhaustion.

(DURATION) 7 DAYS

(Signed) H. Baker M.D.

Address City Hospital

Date Sept 6 1907

Place of Burial Collingswood N. J.

Date Sept 7 1907

Undertaker Armstrong Dem Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C 4530 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 N. Eutaw St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Margaret E. Gorsuch

{Residence, if in Baltimore, Give Street and Number.} 1112 N. Eutaw St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 28 1839

AGE: 67 years, 9 months, 9 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Leonard Dunkle

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Ann Miles

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank M. Gorsuch

(Address) 1112 N. Eutaw St.

Filed 9/7 1907 HARRY C. ANDR Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6" 1907

I HEREBY CERTIFY, That I attended deceased from May 25th 1907 to Sept 5th 1907 that I last saw her alive on Sept 5th 1907, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Chronic Bron-
chitis (DURATION) 45 years DAYS

(Signed) H. Illman Jessick M.D.

Address 1606 Madison ave.

Date Sept 6th 1907

Place of Burial Kingsville Balto. Co. Md.

Date September 8" 1907

Undertaker Evans & Spence

Address 118-120 W. Mt. Royal Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 4531 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 820 Covington St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Russell

{Residence, if in Baltimore, Give Street and Number.} 820 Covington St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 9 190

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Robt C. Russell

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Carrie F Markell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Russel

(Address) 820 Covington St.

Filed 9/7/7 190

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5/07 190

I HEREBY CERTIFY, That I attended deceased from Aug 18/07 190 to Sept. 5/07 190

that I last saw him alive on Sept 5/07 190,

and that death occurred, on the date stated above, at 2.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 42 DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 2 DAYS

(Signed) E.D. Elles M.D.

Address 1015 Light St.

Date Sept 6/07 190

Place of Burial Western Cem.

Date Sep- 7 190 7

Undertaker M- Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Cookie Street St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Kate Bottner

{ Residence, if in Baltimore, Give Street and Number. } 1132 Cookie St

Duration of Residence in Baltimore. Life

C. 4532

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 13th 1907

AGE 1 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Bottner

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Catherine Kunkemin

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A John Bottner

(Address) 1132 Cookie St.

Filed 9/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5th Sept 1907

I HEREBY CERTIFY, That I attended deceased from 3rd Sept 1907 to 6th Sept 1907

that I last saw h a alive on 6th Sept 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Cholera Infantum

(DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 1322 Hunt St

Date 7th Sept 1907

Place of Burial Holly Cross Cem. C. A. Co.

Date Sept 8 1907

Undertaker M. Doyle & Son

Address W. E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4533 Registered No. B C 4533

CERTIFICATE OF DEATH.

6/V

(Place of Death.) No. 1233 Bayard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mable Plater

{ Residence, if in Baltimore, Give Street and Number. } 1233 Bayard St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR colored

DATE OF BIRTH ..... 1 .....

AGE 4 years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt city

FULL NAME OF FATHER Harry Plater

BIRTHPLACE OF FATHER (State or country) Balt city

MAIDEN NAME OF MOTHER Harriet Somerfield

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Somerfield

(Address) 1233 Bayard St

Filed 9/7 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 4 1907 that I last saw her alive on Sept 4 1907, and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

probably (DURATION) 21 DAYS

Contributory (Primary.) Glandular Abscess — (DURATION) 24 or 25 DAYS

(Signed) C. L. Tuttle M.D.

Address 324 S. Paca St

Date Sept 6 1907

Place of Burial Mt Olivet Cemetery

Date Sept 7 1907

Undertaker Wm H Hooper

Address 609 Little Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 Registered No. B C 4534

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1207 Jenkins alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Beverly

{Residence, if in Baltimore, Give Street and Number.} 1207 Jenkins alley

Duration of Residence in Baltimore. 9 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: Jan. 7 1907

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph Perry

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Frances Beverly

BIRTHPLACE OF MOTHER (State or country): Caroline Co. Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Scott, (Aunt-)

(Address) 1207 Jenkins al

Filed 9/7/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or immediate)

Gastro-enteritis

(DURATION) 2 weeks

Contributory (Primary.) Delicate from birth

(DURATION) ..... DAYS

(Signed) M. A. Walters M.D.

Address 1711 Madison ave.

Date Sept. 6 1907

Place of Burial Mt. Auburn

Date Sept. 7 1907

Undertaker Robert A. Elliott

Address 506 Rogers Ave.

This was a dispensary patient. Carried three weeks during the 2 weeks.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — Registered No. B C 4535

C 4535

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 222 East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Court Randolph Stephen

{Residence, if in Baltimore, Give Street and Number.} 222 East St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas S Stephen

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ellen Ellis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R A Elliott

(Address) 502 Rogers Ave

Filed 9/7 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to Sept 6 1907

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 12

11. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 30 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Barry C Hollingsworth M.D.

Address 1216 E Lanvale St

Date Sept 6 1907

Place of Burial Laurel Lem

Date Sept 7 1907

Undertaker Robert A Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 4536

C 4536

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 614 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Henning

{Residence, if in Baltimore, Give Street and Number.} 614 N. Chester St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Paul Henning

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Mast

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Mast

(Address) 614 N. Chester St.

Filed 9/7 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Sept 7 1907 that I last saw h-- alive on Sept 6 1907, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) Six DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rush M.D.

Address 2000 E. Balt St.

Date Sept. 8 1907

Place of Burial Holy Redeemer

Date Aug 8th 1907

Undertaker Wendell Lippel Bon

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 4537 Registered No. B

CERTIFICATE OF DEATH.

1041

(Place of Death.) No. 1728 N. Collington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Girin

{Residence, if in Baltimore, Give Street and Number.} 1728 N Collington St

Duration of Residence in Baltimore. 33 years

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Feb. 21st 1853

AGE 54 years, 6 months, 14 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Girin

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Girin

(Address) 1728 N. Chester St.

Filed 9/7/07 190

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Caulfield M.D.

Address Coroners Office

Date Sept 5 1907

Place of Burial Baltimore Cemetery

Date Sept. 7" 1907

Undertaker H. Lauder & Sons

Address 1910 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 4538 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 n. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Guthrie

{Residence, if in Baltimore, Give Street and Number.} 816 - n. Stricker

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS.

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 7 1907
AGE	years, months, 1 hour days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Howard W Guthrie
BIRTHPLACE OF FATHER (State or country)	Pennsylvania
MAIDEN NAME OF MOTHER	Lydia Brown
BIRTHPLACE OF MOTHER (State or country)	Pa
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Guthrie

(Address) 816 N Stricker

Filed 9/7 1907

HARRY C. ANDR... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 6 1907 to Sept 6 1907

that I last saw h[illegible] alive on Sept 6 1907,

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Francis Jones M.D.

Address 1744 N North

Date Sept 7th 1907

Place of Burial Loudon Park

Date Sept 7 1907

Undertaker Josiah Sifor

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 4539 Registered No. B C 4539

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1915 E. Biddle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard W. Rudiger

{Residence, if in Baltimore, Give Street and Number.} 1915 E. Biddle St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: aug 3 1906

AGE: ..... years, 1 3 months, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Gustavus Rudiger

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Emma Wiseman

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustavus Rudiger

(Address) 1915 E Biddle

Filed 9/7/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1907 to Sept 6th 1907 that I last saw him alive on Sept 5th 1907, and that death occurred, on the date stated above, at 12:10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis, following Gen Colitis

..... (DURATION) 2 DAYS

Contributory (Primary.) Gen Colitis

..... (DURATION) 5 DAYS

(Signed) Albert G Singewald M.D.

Address 1903 E. North Ave

Date September 6th 1907

Place of Burial Baltimore Cemetery

Date Sept 8 1907

Undertaker Robt J Turner

Address 1424 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 4540 Registered No. B C 4540

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 147 Stockholm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. J. Lauckhardt

{ Residence, if in Baltimore, Give Street and Number. } 147 Stockholm St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 1853

AGE 53 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Geo. Lauckhardt

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs R. Lauckhardt

(Address) 147 Stockholm St

Filed 9/7/ 190 HARRY G. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5" 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1907 to Sept 5 1907

that I last saw h[illegible] alive on Sept 4" 1907,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Chronic Dysentery (DURATION) 8 weeks DAYS

(Signed) R. E. Campbell M.D.

Address 1644 Hanover St

Date Sept 6" 1907

Place of Burial Baltimore Cemetery

Date Sept 8" 1907

Undertaker Jos. Huntebrinker

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 4541 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2034 Wilkens Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Wholey

{ Residence, if in Baltimore, Give Street and Number. } 2034 Wilkens Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: July 15th 1842

AGE: 66 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Dare Wholey

(Address) 829 Barre st

Filed 9/7/ 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 4th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1907 to Sept 4th 1907 that I last saw her alive on Sept 4th 1907, and that death occurred, on the date stated above, at 3.20 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Baum M. D.

Address 2017 Wilkens

Date Sept 4th 1907

Place of Burial Loudon Park

Date Sept 7 1907

Undertaker N. J. Dickeuer & Son

Address Bamden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

10 6

(Place of Death.) No. 306 S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Elizabeth Carr

{ Residence, if in Baltimore, Give Street and Number. } 306 S. Gilmor St

Duration of Residence in Baltimore. 30 yrs

C 4042

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: dont Know

AGE: 49 years, — months, — days ~~dont Know~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne Arundel Co Md

FULL NAME OF FATHER: John Cadle

BIRTHPLACE OF FATHER (State or country): Anne Arundle Co Maryland

MAIDEN NAME OF MOTHER: Mary Ellen Hinkey

BIRTHPLACE OF MOTHER (State or country): Anne Arundle Co Md

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Carr

(Address) 306 S. Gilmor St

Filed 9/7/07

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 6th 1907

I HEREBY CERTIFY, That I attended deceased from August 12th 1907 to Sept 6th 1907

that I last saw her alive on Sept 6th 1907

and that death occurred, on the date stated above, at 3.30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'ributory (Primary.) Enteritis

(DURATION) 26 DAYS

(Signed) W B Lacey M.D.

Address 1103 S. Gilmor St

Date Sept 7th 1907

Place of Burial Waterbury Baptist Cem City

Date 9-8 1907

Undertaker Robt Brobeson

Address 12 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4543

Registered No. B .....

City of Baltimore, (No. 1550 Lynnbrook Ave. St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert Wilbur Hart.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. (Month) 4th. (Day) 1906 (Year)

AGE: — years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Isadon Vallie Hart.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Flora May Adams

BIRTHPLACE OF MOTHER (State or country): Hartford, Conn.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. V. Hart.

(Address) 1550 Lynnbrook Ave

Filed 9/7 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 6th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 24 1907 to Sept. 6th 1907 that I last saw him alive on Sept 6th 1907, and that death occurred, on the date stated above, at 1 PM.

M. The CAUSE OF DEATH was as follows:

Cholera Infantum

Duration — DAYS

Contributory Asthenia

Duration — DAYS

(Signed) Thos. B. Humphrey M. D.

Sept. 7 1907 (Address) 2014 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: Sept 8 1907

UNDERTAKER: Wm. E. Schmunk & Son | ADDRESS:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 4544 Registered No. B C 4544

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 3146 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hazel M. Bowen

{Residence, if in Baltimore, Give Street and Number.} 3146 Cedar Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 29th 1907

AGE: — years, 3 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Augustus T. Bowen

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Hale-Caldwell

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hale Bowen

(Address) 3146 Cedar Ave

Filed 9/7 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6th 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Aug 6 1907 that I last saw her alive on Sept 5 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis
Collapse

(DURATION) 13 DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) 6 DAYS

(Signed) W. H. Fessenden M.D.

Address 808 N. Ave

Date Sept 7th 1907

Place of Burial St Marys Homewood

Date Sept 7 1907

Undertaker N. E. Chenowith & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4545 Registered No. B 66V

CERTIFICATE OF DEATH.

(Place of Death.) No. 143 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elenora Adler

{ Residence, if in Baltimore, Give Street and Number. } 143 N. Milton Ave

Duration of Residence in Baltimore. About 58 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 5th 1823

AGE: 84 years, 3 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — Molle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry L. Adler

(Address) 2015 E. Balto st

Filed 9/7/07 190

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Sept 4 1907

that I last saw her alive on Sept. 1 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) DAYS

Contributory (Primary.)

Paralysis (DURATION) 4 DAYS

(Signed) Geo. L. Watkins M.D.

Address 6 N. Broadway

Date September 4th 1907

Place of Burial Baltimore Cem.

Date September 7 1907

Undertaker H. Allen Fuller

Address 2013 E. Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

C 4546 Registered No. B C 4546

CERTIFICATE OF DEATH.

19 V

(Place of Death.) No. 2138 E. Federal St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Bertha Eigenbrodt

{Residence, if in Baltimore, Give Street and Number.} 2138 E. Federal St.

Duration of Residence in Baltimore. About 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 4th 1847

AGE: 60 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Eigenbrodt

(Address) 2138 E. Federal St.

Filed 9/7/07 190.. HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 5th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21st 1907 to Sept 5th 1907

that I last saw h.. alive on Sept 5th 1907,

and that death occurred, on the date stated above, at 11 a.m. CAUSE OF DEATH (Secondary or Immediate)

Dilat Dis of Heart

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Stoner M.D.

Address 1401 Light St

Date 9/8/07 190..

Place of Burial St. Mathews Cem.

Date 9/8/07 190..

Undertaker J. Herzog & Son

Address 700 S. Adams St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4547 Registered No. B 1707

CERTIFICATE OF DEATH.

(Place of Death.) No. 29½ & Remington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Stambaugh

{Residence, if in Baltimore, Give Street and Number.} 29½ & Remington Ave

Duration of Residence in Baltimore. 23 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 22 1842

AGE: 65 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: David Stambaugh

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Miller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Stambaugh

(Address) 29 & Remington Ave

Filed 9/7/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Sept 5 1907

that I last saw him alive on Sept 4 1907,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 3 weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Irvin E Baugh M.D.

Address 1701 Park Ave

Date Sept 5 1907

Place of Burial Druid Ridge

Date Sept 6 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 4548 Registered No. B C 4548

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 Wilcox Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Hannah Barnes.

{Residence, if in Baltimore, Give Street and Number.} 214 Wilcox alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Sept 5 1907

AGE: 1 hour ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Hannah Barnes

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J.G. Annen

(Address) 1024 Ridgely St.

Filed 9/9 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 5 1907

that I last saw h alive on " " 1907

and that death occurred, on the date stated above, at 1130 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Non viability, estimated duration of pregnancy 8½ months

(DURATION) DAYS

Con'tributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) W.R. Baker M.D.

Address City Hospital

Date 1907

Place of Burial Mt Auburn

Date Sept 7 1907

Undertaker John H. Toadvine

Address 142 W Lexington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 4549

Registered No. B

CERTIFICATE OF DEATH.

79 V

(Place of Death.) No. 1849 - W. Fayette St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Katherine Mueller

{Residence, if in Baltimore, Give Street and Number.} 1849 - W. Fayette

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 37 years, 8 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Karl Reckner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Born

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis C Mueller

(Address) 1849 W. Fayette St.

Filed 9/7/ 190

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 7th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 6 1907 to Sept 7 1907

that I last saw h alive on Sept 6 1907

and that death occurred, on the date stated above, at 4.06 a. m. CAUSE OF DEATH (Secondary or Immediate)

Mitral regurgitation

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary) Organic Heart dis

(DURATION) 3 yr DAYS

(Signed) Frank Jones M.D.

Address Coroner

Date Sept - 7 1907

Place of Burial London Park

Date Sept. 9 M. 1907

Undertaker Geo A Gerber

Address 14 S Pulaski St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C-4550 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1717 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Archie L. Compton

{ Residence, if in Baltimore, Give Street and Number. } abov

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm Compton

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Louisa Horan

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura E Compton

(Address) 1717 W Lanvale St

Filed 9/7/ 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Sept 6 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

Duration one year.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address L. D. Gilchrist Coroner

Date Sept. 6. 1907

Place of Burial Loudon Park

Date Sept. 8 190

Undertaker Wm Cost

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10th C 4551 Registered No. B 1047

CERTIFICATE OF DEATH.

(Place of Death.) No. 4109 Massachusetts Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma W. Auer

{Residence, if in Baltimore, Give Street and Number.} 4109 Massachusetts

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 1861

AGE: 46 years, 10 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Maryland

FULL NAME OF FATHER: Augustus Auer

BIRTHPLACE OF FATHER (State or country): Germany. Europe

MAIDEN NAME OF MOTHER: Fredericka Reichman

BIRTHPLACE OF MOTHER (State or country): Germantown Pa

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Paca st

Filed 9/7/07 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 6th. 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Sept 6th 1907 that I last saw her alive on Sept 5th 1907, and that death occurred, on the date stated above, at 3.50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Ex haustion.

(DURATION) 5 DAYS

Contributory (Primary.) Obstruction of intestines 3 Mo (DURATION) DAYS

(Signed) W. A. Steele M.D.

Address Lexington

Date Sept. 6th. 1907

Place of Burial Loudon Park Cem

Date Sept 9th 1907

Undertaker Jos. Joerdens. Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4552 C 4552

Registered No. B 1791

CERTIFICATE OF DEATH.

(Place of Death.) No. Steam Robitz Foot Clinton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Phillips

{Residence, if in Baltimore, Give Street and Number.} 206 N Clinton St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 5th 1835

AGE 72 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Peter Phillips

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oda Phillips

(Address) 206 N. Clinton St.

Filed 9/7 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 3 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sadler Comm M.D.

Address 3202 Gueny St

Date 190

Place of Burial Mt. Carmel Cemetery

Date Sept. 8 190

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 ot. C 4553 Registered No. B C 4553

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 S. Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph A. Over

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 814 S. Potomac St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 29th 1859

AGE: 48 years, ~ months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Over

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Margaret Shaney

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Over

(Address) 814 S. Potomac St.

Filed 9/7 190

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 6th 190

I HEREBY CERTIFY, That I attended deceased from Aug. 21st 190 to Sept. 6 190

that I last saw him alive on Sept. 3 190,

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

Uremia (DURATION) 1 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton

Date Sept 7 190

Place of Burial Mt. Carmel Cemetery

Date Sept. 9 190

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4554 C.4554 Registered No. B C 4554

CERTIFICATE OF DEATH. 50

(Place of Death.) No. 22 Pearl St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Johanna Greenhood.

{Residence, if in Baltimore, Give Street and Number.} 22 Pearl St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 6 1907

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Bela Berger

BIRTHPLACE OF FATHER (State or country): Austria Hungary

MAIDEN NAME OF MOTHER: Johanna Berger

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isidor Greenhood

(Address) 26 S. Exeter st

Filed 9/7 1907

HARRY C. ANDREAS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Sept 6 1907, that I last saw her alive on Sept 6 1907 and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) ... DAYS

Contributory (Primary.) Diabetes Mellitus

(DURATION) 13 DAYS

(Signed) M. A. Weinberg M.D.

Address 742 West Fayette.

Date Sept 7 1907

Place of Burial Fallsbourne Cem

Date Sept 8 1907

Undertaker J. A. Ehrmantraut

Address 1520 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4555 Registered No. B C 4555

CERTIFICATE OF DEATH.

(Place of Death.) No. 1435 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Butler,

{ Residence, if in Baltimore, Give Street and Number. } 1435 Ward St.

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 59 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Richard Butler

BIRTHPLACE OF FATHER (State or country): Md,

MAIDEN NAME OF MOTHER: Lucretia Nelson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Butler

(Address) 1435 Ward St.

Filed 9/7 1907 HARRY C. ANDREW Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1907 to Sept. 6, 1907 that I last saw him alive on Sept. 5, 1907, and that death occurred, on the date stated above, at 11.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Contributory (Primary.) Hypertrophic Cirrhosis of Liver (DURATION) Some time

(Signed) Albert F. Chambers, M.D.

Address 614 S. Pacatt.

Date Sept. 6, 1907

Place of Burial National Cemetery

Date Sept 8, 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 4556 Registered No. B C 4556

CERTIFICATE OF DEATH.

(Place of Death.) No. 1221 N. Gay St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John L. Coxson

{Residence, if in Baltimore, Give Street and Number.} 1221 N. Gay St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 20 1833
AGE	74 years, 1 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	J. C. Coxson
BIRTHPLACE OF FATHER (State or country)	Penna
MAIDEN NAME OF MOTHER	Ellen Gardner
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily J. Coxson

(Address) 1221 N. Gay St

Filed 9/7 190 HARRY C. ARDEN Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 190 7

I HEREBY CERTIFY, That I attended deceased from June 1 190 7 to Sept 6 190 7 that I last saw him alive on Aug 29 190 7, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 37 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Brush M.D.

Address 2000 E. Baltimore St

Date Sept 6 190 7

Place of Burial National Cemetery Linden Park

Date Sept 9th 190 7

Undertaker Geo Nossett

Address 1442 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. B C 4557

City of Baltimore, (No 1022 E Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rena Nathanson

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

COLOR W

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE — years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER David Nathanson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Pauline White

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Nathanson

(Address) 1022 E Fayette st

Filed Sept 8 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Sept 7 1907 that I last saw h[illegible] alive on Sept 6 1907, and that death occurred, on the date stated above, at 12 a M. The CAUSE OF DEATH was as follows:

Entero-Colitis

several months (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W D Barker M. D.

Sept 7 1907 (Address) 208 W. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rose Dale Cemetery	Sept 8 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 McElderry st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 C 4558 Registered No. B C 4558

CERTIFICATE OF DEATH.

921

(Place of Death.) No. 4 Vincent Sq. Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sidney Brown

{ Residence, if in Baltimore, Give Street and Number. } 4 Vincent

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: April 28 1906

AGE: 1 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Harry Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lillie Hamme

BIRTHPLACE OF MOTHER (State or country): D.C

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillie Brown

(Address) 1040 N. Front Ave Ln

Filed 9/8 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 7 1907

that I last saw h-- alive on Sept 7 1907,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion due to Bronchial Pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R F Matter M.D.

Address 1600 W Lafayette

Date Sept 7 1907

Place of Burial London Park

Date Sept 9 1907

Undertaker Mrs Andrew Robertson

Address 730 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4559 Registered No. B C 4559

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 109 E. Fort ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Ida Louise Burns

{Residence, if in Baltimore, Give Street and Number.} 109 E. Fort Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar. 25 1907

AGE: ..... years, 5 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: C. H. Burns

BIRTHPLACE OF FATHER (State or country): Howard Co.

MAIDEN NAME OF MOTHER: Edith Russell

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Burns

(Address) 109 E. Fort Ave

Filed 9/8/07 HARRY O. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1907 to Sept. 6 1907

that I last saw her alive on Sept. 6, 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum

(DURATION) 36 DAYS

Con'ributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave.

Date Sept. 6, 1907

Place of Burial Loudon Park

Date September 8 1907

Undertaker Edward J Fanning

Address 1760 Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4560 Registered No. B C 4560

CERTIFICATE OF DEATH.

166V

(Place of Death.) No. Between Mt Royal & Cambridge Sts. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown Italian

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ...

About 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Unknown,

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Tesmer Sons

(Address) Camden Yards

Filed 9/8 1907

HARRY C. [illegible], Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

D. CAUSE OF DEATH (Secondary or Immediate)

Shock + Multiple injuries struck by an engine accident

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Madden M.D.

Address Coroner

Date Sept 7 1907

Place of Burial Loudon Park Cem

Date Sept 8 1907

Undertaker Wm Tesmer Sons

Address Camden Yards

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 4561 Registered No. B C 4561

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2407 Barclay st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Shockley

{Residence, if in Baltimore, Give Street and Number.} 2407 Barclay St.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Quebec Province 1

AGE: 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S Shockley

(Address) 2407 Barclay St

Filed 9/8/ 190

HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 10 30 M. CAUSE OF DEATH (Secondary or Immediate.)

Interstitial Nephritis 7 Age

Cerebral Hemorrhage

Coma (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Hamilton Cuthbert M.D.

Address 1518 N. Charles

Date 190

Place of Burial Greenmount Cathedral

Date Sept 9 1907

Undertaker A. M. Feahey & Sons

Address 406 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

C 4562 Registered No. B C 4503

CERTIFICATE OF DEATH. 1V

(Place of Death.) No. St. Joseph's Hosp. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jessie E. Parlett

{Residence, if in Baltimore, Give Street and Number.} 938 E. Preston St.

Duration of Residence in Baltimore. Life - 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 27th 1877

AGE: 30 years, 3 months, 11 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas E Baldauf

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Jane Hamill

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr A H Parlett

(Address) 938 E Preston st

Filed 9/8/07 190

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 6 1907 to Sept 6 1907

that I last saw h-e alive on Sept 6 1907

and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sec'l Peritonitis from Typhoid Perforation

(DURATION) 12 ~~DAYS~~ hrs.

Contributory (Primary) Typhoid fever (DURATION) 2 ~~DAYS~~ wks.

(Signed) Geo. A. Fluegel M.D.

Address St. Josephs Hosp.

Date Sept 6 1907

Place of Burial Greenmount Cemetary

Date September 9th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4563 Registered No. B C 4563

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. 820 N. Woodyear St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Sarah Commodore

{ Residence, if in Baltimore, Give Street and Number. } aboue Life

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Col

DATE OF BIRTH: 1837

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): .. ..

MAIDEN NAME OF MOTHER: - ,,

BIRTHPLACE OF MOTHER (State or country): .. ..

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph. Commodore

(Address) 820 N. Woodyear

Filed 9/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from ... as Coroner ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate

Heart Disease
(Sudden)

... (DURATION) ... DAY

Contributory (Primary.) ...

... (DURATION) ... DAY

(Signed) J. D. Goldsborough Coroner M.D.

Address 211 N. Lanvale St

Date Sept 6 1907

Place of Burial Mt Auburn Cem

Date Sept 9th 1907

Undertaker Wm. H. Chase & Son

Address 1911 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... C. 4564 Registered No. B C 4564

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View ~~Hospital~~ Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Clark

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Supt. (Signed) James Hodges

(Address) BAY VIEW ASYLUM

Filed 9/8 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 7 1907

I HEREBY CERTIFY, That I attended deceased from July 26 1907 to Sept 7 1907

that I last saw him alive on Sept 6 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) ..... DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Sept. 8 1907

Place of Burial Sacred Heart Cem.

Date Sept. 8" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24th C 4565 Registered No. B C. 4565

CERTIFICATE OF DEATH

105

(Place of Death.) No. 1126 Cookie Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ada Schmidt

{Residence, if in Baltimore, Give Street and Number.} 1126 Cookie Street

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 24 March 1906

AGE 1 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Caleb Boson

BIRTHPLACE OF FATHER (State or country) Holland

MAIDEN NAME OF MOTHER Margaret Schmidt

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gerrit Borsen

(Address) 1126 Cookie St.

Filed 9/8 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 Sept 1907

I HEREBY CERTIFY, That I attended deceased from 6 Sept 1907 to 7th Sept 1907 that I last saw h alive on 7th Sept 1907 and that death occurred, on the date stated above, at 9.30 p M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera infantum
Diarrhoea & dehydration

(DURATION) 21 DAYS

Contributory (Primary.)
Exhaustion (DURATION) DAYS

(Signed) James Cooper M.D.

Address 1322 Hull St.

Date 7 Sept 1907

Place of Burial St. Pauls

Date Sept 9th 1907

Undertaker Jos. Hunteloff

Address 1318 Light sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4566

City of Baltimore, (No. 1618 E. Fort Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles A Dyste

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec 23 1852
(Month) (Day) (Year)

AGE 54 years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Philadelphia

FULL NAME OF FATHER Thomas R. Dyste

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Sarah Gartle.

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Storekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Dyste

(Address) 1618 E. Fort Ave

Filed 9/8 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Apr. 25th 1907 to Sept. 8th 1907

that I last saw him alive on Sept. 1st 1907,

and that death occurred, on the date stated above, at 10.30 P. M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage

(DURATION) DAYS

Contributory Paralysis.

Aortic (DURATION) DAYS

(Signed) Jennie D. Bimm M. D.

Sept 8 1907 (Address) 1310 S. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cedar Hill

DATE OF BURIAL Sept 9th 1907

UNDERTAKER Jos. Stuntebeck

ADDRESS 1345 Light

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 4567 Registered No. B

CERTIFICATE OF DEATH.

15 IV

(Place of Death.) No. 407 East Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Wilmer Holmes

{Residence, if in Baltimore, Give Street and Number.} Baltimore Md

Duration of Residence in Baltimore. 20 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH August 18th 1907

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Clarence Wilmer Holmes

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Daisy Eliason

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. F. Burton M.D.

(Address) 222. East Cross St.

Filed 9/8" 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 4th 1907 to Sept 7 1907 that I last saw him alive on Sept 7 1907, and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 14 DAYS

Contributory (Primary.) Malnutrition

(DURATION) 14 DAYS ?

(Signed) G. F. Burton M.D.

Address 222. East Cross St

Date September 7th 1907

Place of Burial Baltimore Cemetery

Date September 9th 1907

Undertaker Daniel and M. J. Flynn

Address 42. E. West Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4563 Registered No. B 714

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 Towson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Antonie Thos. Roach

{ Residence, if in Baltimore, Give Street and Number. } 1418 Towson St

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR white
DATE OF BIRTH	Sept 31 1907
AGE	....years, ...months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	here
FULL NAME OF FATHER	Dominic Roach
BIRTHPLACE OF FATHER (State or country)	U. S.
MAIDEN NAME OF MOTHER	Marie Schleier
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dominic Roach

(Address) 1418 Towson St

Filed 9/8" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907

I HEREBY CERTIFY, That I attended deceased from ~~July~~ Sept 31 1907 to Sept 7 1907

that I last saw h[illegible] alive on Sept 7 1907

and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Calampsia (DURATION) 7 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1570 E. Fort Ave

Date Sept 7 1907

Place of Burial Holy Cross Cem. C. A. Co.

Date September 8th 1907

Undertaker [illegible] M. D. [illegible]

Address 42 E. West St.

WM. J. C. DULANY CO., SALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

924

CERTIFICATE OF DEATH. C 4569

Registered No. B.....

City of Baltimore, (No. 1739 E Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Solomon Lempkin

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: — (Month) — (Day) 1850 (Year)

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Louis Lempkin

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Neddie Lempkin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Pipe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Lemchen

(Address) 929 Orleans St

Filed 9/8" 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 8 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 8 1907

that I last saw him alive on Sept 7 1907,

and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Bronchitis & Emphysema
& probably myocarditis

Several months (DURATION) DAYS

Contributory Bronchopneumonia

a few (DURATION) DAYS

(Signed) Frank J. Smith M. D.

Sept 8 1907 (Address) 1126 Eastern Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Cemetery — DATE OF BURIAL: Sept 8 1907

UNDERTAKER: Max Levinson — ADDRESS: 1620 N. Eden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 4570 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1336 N Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Shelton Grant Foster

{Residence, if in Baltimore, Give Street and Number.} 1336 N Chester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 28th 1906
AGE	years, 17 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Benjamin G. Foster
BIRTHPLACE OF FATHER (State or country)	City
MAIDEN NAME OF MOTHER	Virginia L. Hanson
BIRTHPLACE OF MOTHER (State or country)	City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia L. Hanson

(Address) 1336 N. Chester St

Filed 9/8" 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 6 1907

that I last saw h[illegible] alive on Sept 6 1907 at 12 30

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Colitis

(DURATION) 6 DAYS

Contributory (Primary) Meningitis

(DURATION) 1 DAYS

(Signed) S. T. Geary M.D.

Address 1737 E. Fayette St

Date Sept 6 1907

Place of Burial Baltimore Md.

Date September 8th 1907

Undertaker Wm. J. Schaeffer & Son

Address 8 South Front St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5 HEAL

NO

C

City of Baltimore, (No
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

PERSONAL AND S

SEX M

DATE OF BIRTH

AGE 57 years,

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) R

FULL NAME OF FATHER Louis

BIRTHPLACE OF FATHER (State or country) R

MAIDEN NAME OF MOTHER Redd

BIRTHPLACE OF MOTHER (State or country) R

OCCUPATION OF DECEASED Pay

THE ABOVE STATED PERSO BEST OF MY KNOWLEDGE

(Informant) Julius

(Address) 9 2 9

Filed 9/8" 1907

Ward 15 C 4571 Registered No. B 39 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1554 Clifton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William F. Linder

{Residence, if in Baltimore, Give Street and Number.} 1554 Clifton Ave

Duration of Residence in Baltimore. 32 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 28th 1848

AGE 59 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Frances A. Linder

(Address) 1554 Clifton Ave

Filed 9/8" 1907 HARRY O. ANDR... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 5th 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Sept. 5th 1907 that I last saw him alive on Sept. 4th 1907, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of mouth & face

about one year (DURATION) DAYS

Con'tributory (Primary.) Weakness & Misery (DURATION) 6 mo DAYS

(Signed) E. A. Smith M.D.

Address 1605 N. North Ave.

Date Sept 6 1907

Place of Burial Centreville Md.

Date Sept 9th 1907

Undertaker G. F. Weaver

Address 723 N. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4572

City of Baltimore, (No. 1100, E. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin Caplan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) 3 (Day) 1 (Year)

AGE: ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Kaplan

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rubbie

BIRTHPLACE OF MOTHER (State or country): Many Soneleam Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathan E. Pinsky

(Address) 1100 E. Pratt St

Filed 9/8 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 8th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 8 1907 that I last saw him alive on Sept 7 1907, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Congenital debility

(DURATION) 77 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. J. Lara M. D.

Sept 8 1907 (Address) 210 3 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philadelphia Penn

DATE OF BURIAL: Sept 8 1907

UNDERTAKER: Max Levinson

ADDRESS: 1012 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

Ward 16

Registered No. B C 4573

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 W Pratt st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Burns

{Residence, if in Baltimore, Give Street and Number.} 1016 W Pratt st

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 42 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Burns

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Alice Burns

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ed Burns

(Address) 1016 W Pratt st

Filed Sept 7th 1907

HENRY C. ANDREWS PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept 6 1907

that I last saw h.. alive on Sept 5 1907

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate.)

G. Hamilton

(DURATION) 10 DAYS

Con'ributory (Primary) Tuberculosis of

Peritoneum & Intestines (DURATION) 30 DAYS

(Signed) J. H. Cummins M.D.

Address #11 N. Carey St.

Date Sept 7 1907

Place of Burial Holy Cross

Date Sept 9th 1907

Undertaker John F. Gowan

Address 904 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

Dr Ulrich N. Cares ?

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179V

CERTIFICATE OF DEATH.

C 4574

Registered No. B.....

City of Baltimore, (No. 867 Lindan Ave. St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanch Rita Jinkins —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: June 7 1907 (Month) (Day) (Year)

AGE: 1 year, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Jinkins.

BIRTHPLACE OF FATHER (State or country): Vird.

MAIDEN NAME OF MOTHER: Emma Turner

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) 867 Lindan Ave

Filed Sept 9 1907

[illegible] ANDREWS PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 8 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1907 to Sept. 8 1907

that I last saw h[illegible] alive on 7 1907,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 7 DAYS

Contributory do not Remember

(DURATION) DAYS

(Signed) J. H. Wilkins, M. D.

Sept 8 1907 (Address) 819 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 9 1907

UNDERTAKER: Haley B Pyle — ADDRESS: 1022 Mulberry St.

Per J L H

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 Registered No. B C 4575

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 Melrose alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Annie Elizabeth Humphreys

{Residence, if in Baltimore, Give Street and Number.} 702 Melrose all

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm H Parroway

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Anne Elizabeth Mitchell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elliott Johnson

(Address) 305 Pine st

Filed Sept 9th 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

4 5 6 5

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907

I HEREBY CERTIFY, That I attended deceased from ag Current 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

Hemiplegia (DURATION) DAYS

(Signed) P D Martin M.D.

Address 1002 W Laf. ave

Date Sept 8 1907

Place of Burial Laurel Cemetery

Date Sept 9 1907

Undertaker Felix B Dyer

Address 1022 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B C 4576

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara B. Steptoe

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Mul.

DATE OF BIRTH: Aug. 17 1907

AGE: — years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave

Filed Sept 9th 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

C. S. C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1907 to Sept. 7 1907

that I last saw her alive on Sept. 7 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Marasmus~~ Gastro-enteritis

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Sept. 7 1907

Place of Burial Cathedral Cemetery

Date September 9th 1907

Undertaker Felix B Pye.

Address 1022 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4577 Registered No. B C 4577

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Schreiber

{Residence, if in Baltimore, Give Street and Number.} 709 Edmondson Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 1874

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John J. Schreiber

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Waldkoenig

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Saleswoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjiman Schreiber

(Address) 709 Edmondson ave

Filed 9/9 1907 HARRY C. ARNOLD, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from March 1907 to Sept 1907

that I last saw her alive on Sept 6 1907, and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 6 mos DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Sept 9 1907

Place of Burial New Cathedral Cem

Date Sept 9 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4578 Registered No. B C 4578

CERTIFICATE OF DEATH.

(Place of Death.) No. 241 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia Johnson

{Residence, if in Baltimore, Give Street and Number.} 241 N. Dallas St

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Hattie Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Johnson

(Address) 241 N Dallas

Filed 9/9 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept 6 1907 to Sept 6 1907 that I last saw her alive on Sept 5 1907 and that death occurred, on the date stated above, at 12 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Anasarca following cardiac lesion

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) I Stankevic M.D.

Address 1202 Druid Hill Ave

Date Sept 8 1907

Place of Burial Sebury Cemetery

Date Sept 9 1907

Undertaker R. St. Gilbert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 4579 Registered No. B C 4579

CERTIFICATE OF DEATH.

27V

(Place of Death.) No. 1128 E North Ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Lavenia E Standiford

{Residence, if in Baltimore, Give Street and Number.} 1128 E. North Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Isaac C. Standiford

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Henrietta Zimmer.

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Henretta Standiford

(Address) 1128 E North Ave

Filed 9/9/07 190.

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7. 190 7

I HEREBY CERTIFY, That I attended deceased from April 15. 1905 to Sept. 7. 1907

that I last saw h[illegible] alive on " 6 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) 2 yrs. 4 5 mos.

(DURATION) ..... DAYS

(Signed) Jno. A. Hartman M.D.

Address 1121 N Caroline St.

Date Sept. 7. 1907

Place of Burial Druid Ridge Cemetery

Date Sept 9/1907 1907

Undertaker Williams Coost.

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C 4580 Registered No. B C 4580

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Maihl

{ Residence, if in Baltimore, Give Street and Number. } 2133 W Lexington Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — — 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Brownstown Va.

FULL NAME OF FATHER: John Maihl

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarah Rockwell

BIRTHPLACE OF MOTHER (State or country): Brownstown Va.

OCCUPATION OF DECEASED: Cotton Mills

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Maihl

(Address) 2133 W Lexington

Filed 9/9 1907 HARRY C. ARMSTRONG, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8, 1907

I HEREBY CERTIFY, That I attended deceased from August 4 1907 to Sept 8 1907 that I last saw her alive on Sept 8 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ty Phoid Fever

(DURATION) 36 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) F W Mitchell M.D.

Address Franklin Square Hospital

Date September 8 1907

Place of Burial Loudon Park

Date Sept 10 1907

Undertaker Wm Cook

Address 602 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

14

CERTIFICATE OF DEATH.

C 4581

Registered No. B .....

City of Baltimore, (No. 1300 Madeira ave, St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Elizabeth Wilmer

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH aug (Month) 5 (Day) 1843 (Year)

AGE 58 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) md

FULL NAME OF FATHER Daniel Meyerdey

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Mary Reynolds

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) E. H. Wilmer

(Address) 1300 Madeiman

Filed 9/9 1907

HARRY O'F ANDREWS, FIRST CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 7 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from aug 31. 1907 to sept 7 1907

that I last saw her alive on Sept 7 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

acute Dysentery

(DURATION) 7 DAYS

Contributory old age

(DURATION) DAYS

(Signed) G Law Tenney M. D.

1907 (Address) 1103 Mass ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Park Depost Md

DATE OF BURIAL Sept 10 1907

UNDERTAKER Wm Cook

ADDRESS 6026 North Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1st

Registered No. B C 4582

C 4582

CERTIFICATE OF DEATH.

114 V

(Place of Death.) No. 806 Chesapeak St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G. Ricker

{Residence, if in Baltimore, Give Street and Number.} 806 Chesapeake St

Duration of Residence in Baltimore. 28 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Mar 25 1839

AGE: 68 years, — mon'ts, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ricker

Address 806 Chesapeake St

Date 9/9 1907

HARRY C. ARENDS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8th 1907.

I HEREBY CERTIFY, That I attended deceased from Aug. 4th 1907 to Sept 8th 1907 that I last saw him alive on Sept 5th 1907 and that death occurred, on the date stated above, at 6 P. M, CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

two weeks (DURATION) DAYS

Contributory (Primary.) General Parenchymatous Nephritis

one month (DURATION) 5 DAYS

(Signed) Fredk A Consadine, M.D.

Address 2221 E. Baltimore Ste.

Date Sept. 9th 1907

Place of Burial 1st German Cem

Date Sept 10 1907

Undertaker H Nicolaus & Son

Address 1820 Barton Ave

W.M. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — C 4583 Registered No. B C 4583

CERTIFICATE OF DEATH.

(Place of Death.) No. 1224 McCulloh St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Bertha Reinfeldt

{Residence, if in Baltimore, Give Street and Number.} 1224 McCulloh St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1.

AGE 38 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Conrad Kilmayer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Bucher

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Grace Kilmayer

(Address) 1108 N. Washington St

Filed 9/9 1907

CLERK OF ANDREWS & PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 — 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1...

a...M. CAUSE OF DEATH (Secondary or Immediate

Cor Nephritis

(Uraemia)

(DURATION) DA...

Contributory (Primary.)

(DURATION) DA...

(Signed) Geo. Cannon M.

Address Penna Ave & Fayette

Date Sept 8 — 1907

Place of Burial Holy Redeemer Cemetery

Date Sept. 10 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

1

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 4584 Registered No. B C 4584

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 314 Harford Ave. Extended St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Dugelmann

{ Residence, if in Baltimore, Give Street and Number. } 314 Harford Ave. Extended

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Vincent Dugelmann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Harding

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Dugelmann

(Address) 314 Harford Ave. Ext.

Filed 9/9 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7th 1907

I HEREBY CERTIFY, That I attended deceased from June 4th, 1907 to Sept 7th, 1907

that I last saw h... alive on Sept 1st 1907,

and that death occurred, on the date stated above, at 6.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(Signed) C. E. Lauer M.D.

Address 1219 E. Eager St.

Date Sept 7th 1907

Place of Burial Holy Redeemer Cemetery

Date Sept. 10th 1907

Undertaker Henry Horcke & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 8th C 4585 Registered No. B C 4585

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 1526 N. Wolfe St. Caroline Dressel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Dressel

{ Residence, if in Baltimore, Give Street and Number. } 1526 N. Wolfe
1526 N. Wolfe
64 years

Duration of Residence in Baltimore. 64 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 28 day of March 1835

AGE 72 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Prussia

FULL NAME OF FATHER Phillip Kaechter

BIRTHPLACE OF FATHER (State or country) Prussia

MAIDEN NAME OF MOTHER Ernestina Kaechter

BIRTHPLACE OF MOTHER (State or country) Prussia

OCCUPATION OF DECEASED Home Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred G Dressel

(Address) 1513 N. Wolfe St

Filed 9/9/07 190

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Sept 7 1907

that I last saw h[illegible] alive on Sept 6 1907,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease Secondary
Pneumonia
due to heart
Mitral Insuff. (DURATION) 6 months DAYS

Con'tributory (Primary.) Bright's Disease
May 1907 (DURATION) DAYS

(Signed) J. R. Trimble M.D.

Address 6 Madison

Date Sept 7 1907

Place of Burial Baltimore Cemetery

Date Sept 9th 1907

Undertaker Geo. T. Bevis

Address 594 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C 4586 Registered No. B ... C 4586

105V

CERTIFICATE OF DEATH.

(Place of Death.) No. 901 South Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cecilia M. Lindhorst

{ Residence, if in Baltimore, Give Street and Number. } No. 901 South Caroline St.

Duration of Residence in Baltimore. during life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 9th 1906

AGE: 1 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frederick Lindhorst

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Kotrala

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lindhorst

(Address) 901 S. Caroline St

Filed 9/9/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 6th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 4th 1907 to Sept 6th 1907 that I last saw h[er] alive on Sept 6th 1907 and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

two days (DURATION) DAYS

Con ributory (Primary) Cholera infantum

four weeks (DURATION) DAYS

(Signed) Fredk. A. Consadine M.D.

Address 2224 E. Baltimore St

Date Sept. 9th 1907

Place of Burial Oak Hill Cem.

Date Sept. 9 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Eutaw Sts. and 1708-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 4587 Registered No. B C 4587

125 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Seman Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Bunn

{Residence, if in Baltimore, Give Street and Number.} 2611 York Road

Duration of Residence in Baltimore. 58 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Feb 2nd 1845

AGE 62 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Marckheim Bevier Germany

FULL NAME OF FATHER Joseph P. Bunn

BIRTHPLACE OF FATHER (State or country) Kettlenkeim Germany

MAIDEN NAME OF MOTHER Catherine Reutzheim

BIRTHPLACE OF MOTHER (State or country) Bevaria Germany

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph T. Bunn

(Address) 2611 York Rd

Filed 9/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 23 1907 to Sept 8 1907

that I last saw him alive on Sept 7 1907

and that death occurred, on the date stated above, at 12:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 3 DAYS

Contributory (Primary) Hypertrophied Prostate Pyelo-Cystitis (DURATION) years DATE

(Signed) J. J. Connor M.D.

Address St. Joseph's Hosp.

Date Sept 8 1907

Place of Burial New Cathedral

Date Sept 10 1907

Undertaker E. A. Weidefeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4588 Registered No. B C 4588

CERTIFICATE OF DEATH.

(Place of Death.) No. 818 Light St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Enos E & Rose A Mollett

{ Residence, if in Baltimore, Give Street and Number. } 818 Light St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 5 1907

AGE — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Enos E Mollett

BIRTHPLACE OF FATHER (State or country) Fulton Co Pa

MAIDEN NAME OF MOTHER Rose A Shipley

BIRTHPLACE OF MOTHER (State or country) Carroll Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Enos E Mollett

(Address) 818 Light St

Filed 9/9/1907 HARRY O. ANDREWS / PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 8 1907

that I last saw him alive on Sept 8 1907,

and that death occurred, on the date stated above, at 1:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lack of development of heart.

Lifetime (DURATION) DAYS

Contributory (Primary.) ? (DURATION) DAYS

(Signed) Ed Elles M.D.

Address 915 Light St

Date Sept 9 1907

Place of Burial MOUNT OLIVET.

Date SEP 9 - 1907 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 4589 Registered No. B C 4589

CERTIFICATE OF DEATH.

(Place of Death.) No. 1007 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert R. Cook

{Residence, if in Baltimore, Give Street and Number.} 1007 Light St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 9 1884

AGE 23 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robert H Cook

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Louisa C Starkey

BIRTHPLACE OF MOTHER (State or country) Delaware

OCCUPATION OF DECEASED Steam fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert R. Cook

(Address) 1007 Light St

Filed 9/9/07 190. HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907

I HEREBY CERTIFY, That I attended deceased from Aug 14 1907 to Sept 7" 1907

that I last saw h— alive on Sept 7 1907

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemorrhage

(DURATION) DAYS

Contributory (Primary) Articular Rheumatism

Dyspepsia Jun (DURATION) 15 DAYS

(Signed) H. Lee Chambers M.D.

Address 1228 E. Chase

Date Sept 8 1907

Place of Burial London Park Cem.

Date Sept 9 1907

Undertaker Armstrong Dennis Co

Address 715 Light St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th

C 4590

Registered No. B C 4590

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 2334 E. Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Weston

{ Residence, if in Baltimore, Give Street and Number. } 2334 E. Monument St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept. 8 1/2 1907
AGE	... years, ... months, 1/2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Thomas Weston
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Elizabeth Foxwell
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Weston

(Address) 2334 E. Monument St

Filed 9/9/07 190...

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1907 to Sept. 8 1907

that I last saw h... alive on Sept. 8 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

(DURATION) Imp. DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) ... M.D.

Address ...

Date Sept. 9 1907

Place of Burial Baltimore Cem.

Date Sept. 8th 1907

Undertaker Germanus Franc

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd

C 4591

Registered No. B .....

C 4591

CERTIFICATE OF DEATH.

124

(Place of Death.) No. 250 S. Castle St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea M. Brennecis

{Residence, if in Baltimore, Give Street and Number.} 250 S. Castle St.

Duration of Residence in Baltimore. about 43 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 30 1/2 1842

AGE: 65 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Lang

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Charlotte Margenrotte

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwig Brennecis

(Address) 250 E. Castle St.

Filed 9/9/07 190..

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 7 1907

I HEREBY CERTIFY, That I attended deceased from July 10, 1907 to Sept 7 1907

that I last saw her alive on Sept 6 1907,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

about 1 year (DURATION) ..... DAYS

Contributory (Primary)

Cardiac Exhaustion (DURATION) 60 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Sept. 8 1907

Place of Burial Holy Redeemer Cemetery

Date Sept. 10 1/2 1907

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 4592 Registered No. B C 4592

108 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Eyring

{ Residence, if in Baltimore, Give Street and Number. } 2100 Richmond Ave.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 28th 1886

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Gottlieb Eyring

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Helena Neundorf

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gottlieb Eyring

(Address) 2100 Ridgewood Ave

Filed 9/9 1907 REGISTRY OF ARRESTS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 6 1907 to Sept 7 1907 that I last saw h[illegible] alive on Sept 7 1907 and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(DURATION) DAYS

Contributory (Primary) Volvulus of intestine (DURATION) 2 DAYS

(Signed) W. W. Bowers M.D.

Address Md. Gen. Hosp.

Date Sept 7 1907.

Place of Burial Loudon Park Cem.

Date Sept 10 1907

Undertaker Geo Leinbach & Son

Address 647 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4593 Registered No. B C 4593

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 N Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lula Jennison

{ Residence, if in Baltimore, Give Street and Number. } 1413 N Monroe St

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Jennison

(Address) 1413 N Monroe St

Filed 9/9 1907 HARRY O. ARBERY PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Sept 8 1907 that I last saw her alive on Sept 7 1907 and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma
following Acute
Suppression of urine

(DURATION) 96 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) T. S. Stanbrough M.D.

Address 1202 Druid Hill Ave

Date September 9 1907

Place of Burial Mt Auburn

Date Sept 10 1907

Undertaker W. J. Johnson

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4594 Registered No. B C 4594

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1614 Pardiman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Dept. of Ida Robinson

{Residence, if in Baltimore, Give Street and Number.} 1614 Pardiman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Aug. 29th 1907

AGE: — years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Daniel Robinson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ida Robinson

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Robinson

(Address) 1614 Pardiman St.

Filed 9/9 1907

HARRY C. ARBERS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. ~~Aug.~~ 7th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

from birth (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Bardman M.D.

Address 700 Log. Av. (Comm)

Date Sept. 8th 1907

Place of Burial Old Mt Olivet

Date 9th 1907

Undertaker W. J. Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4595 Registered No. B C 4595

76 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1937 N. Fulton ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian E. Isaacs

{ Residence, if in Baltimore, Give Street and Number. } 1937 N. Fulton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 6 1861

AGE: 45 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John C Scott

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Alice Richter

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry L Isaacs

(Address) 1937 N Fulton ave

Filed 9/9/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 6 1907 to Sept 7 1907 that I last saw h alive on Sept 7 1907, and that death occurred, on the date stated above, at 4:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Meningitis.

(DURATION) DAYS

Contributory (Primary.) Otitis Media, Mastoiditis 5 weeks (DURATION) DAYS

(Signed) Theodore Constant M.D.

Address 1808 N. Charles St

Date Sept 9 1907

Place of Burial Loudon Park

Date Sept 10 1907

Undertaker W. J. Tuttle & Son

Address Camden & Paca Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death**. notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 — 64596 — Registered No. 64596

CERTIFICATE OF DEATH.

207

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Gambrill

{Residence, if in Baltimore, Give Street and Number.} Cor Barn & Thomas St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: White

DATE OF BIRTH: 1850

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Gambrill

(Address) Cor Barn & Thomas St

Filed 9/9 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 6 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Sept 6 1907

that I last saw him alive on Sept 6 1907

and that death occurred, on the date stated above, at 12.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

Set

(DURATION) ..... DAYS

Con'ributory (Primary) Septicaemia

(DURATION) 3 DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Sept 7. 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 7 - 1907

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1907 Sept 7 1907 6 04

209

Ward..... C 4596 Registered No. B C 4596

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Thos. Gambrill

{ Residence, if in Baltimore, Give Street and Number. } Bond st near Thames

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Nicholas Gambrill

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Matilda Johnson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md. Gen. Hospital

(Address)

Filed 9/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 6th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Septicemia, following amputation of lower third of leg.

(DURATION) 12 DAYS

Con'tributory (Primary.) Accidental in- Jury & foot (DURATION) 12 DAYS

(Signed) Archibald Mun M.D.

Address 710 Lafayette av. (Corner)

Date Sept 8th 1907

Place of Burial BALTIMORE CEMETERY.

Date SEP 10 1907 190

Undertaker Wm J. Hartley

Address 2010 E Madison St

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 4597 Registered No. B C 4597

114 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Hensel

{ Residence, if in Baltimore, Give Street and Number. } 1208 Peabody St

Duration of Residence in Baltimore. ~~Life~~ 10

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 19 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Gustav Hensel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gus Hensel

(Address) 1208 N. Peabody st

Filed 9/9 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 7 1907

that I last saw him alive on Sept 7 1907, 9.55 A.M.

and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) ..... DAYS

Contributory (Primary. Acute appendicitis

(DURATION) ..... DAYS

(Signed) F. Wells Griffith M.D.

Address Johns Hopkins Hosp

Date Sept 8th 1907

Place of Burial BALTIMORE CEMETERY.

Date SEP 10 1907 190

Undertaker Christian Miller.

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4598 Registered No. B ..... C 4598

5 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emie Christian

{Residence, if in Baltimore, Give Street and Number.} 1030 Wilmer Ally.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: George Harmon

BIRTHPLACE OF FATHER (State or country): — Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ezekel Christian

(Address) 1030 Wilmore ally

Filed 9/9/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 6 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept 6 1907

that I last saw her alive on Sept 6 1907,

and that death occurred, on the date stated above, at 5 40 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Gangrene of Leg

..... (DURATION) ..... DAYS

Contributory (Primary) Diabetes Mellitus

..... (DURATION) ..... DAYS

(Signed) F. Wells Christian M.D.

Address Johns Hopkins Hospital

Date Sept 7 1907

Place of Burial Read Wharf Va

Date Sept 11th 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward ..... C 4599 Registered No. B ..... C 4599

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Waters

{ Residence, if in Baltimore, Give Street and Number. } Not Given

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1822

AGE 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Police Dept.

(Address)

Filed 9/9/07 190 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 5 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept 5 1907 that I last saw him alive on Sept 5 1907 and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

(DURATION) 1 year DAYS

(Signed) W. W. Brown M.D.

Address Md. Gen. Hosp.

Date Sept 7 1907.

Place of Burial JOHNS HOPKINS HOSPITAL SEP 7 - 1907

Date 190

Undertaker Commissioner Health, W

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

209

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B C 4600

C 4600

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1609 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladyslaw Stankoski

{ Residence, if in Baltimore, Give Street and Number. } 1609 Gough St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 5 1906

AGE 1 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Stephen Stankoski

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Kazmiera Jasinska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Stankoski

(Address) 1609 Gough St

Filed 9/9/07 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Sept 7 1907 that I last saw him alive on Sept 7 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 30 DAYS

Contributory (Primary.) Ill-feeding

(DURATION) DAYS

(Signed) Ronald T. Abercrombie M.D.

Address Christ Church Hosp.

Date Sept 9, 1907 190

Place of Burial Holy Rosary

Date Sept 11. 1907

Undertaker Jacob Tiaikowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

209

Ward 17 — C 4601 — Registered No. B C 4601

CERTIFICATE OF DEATH.

(Place of Death.) No. 555 Oxford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Wagner

{ Residence, if in Baltimore, Give Street and Number. } 555 Oxford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. Wagner

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Barnes

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Shepherd

(Address) 555 Oxford Ave

Filed 9/9 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h ..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Hamilton

from birth (DURATION) ..... DAYS

Con'ributory (Primary.)

(DURATION) ..... DAYS

(Signed) Wm Blackman M.D.

Address 700 Lex. Ave. (Comm)

Date Sept. 8th 1907

Place of Burial Mt Ziem

Date Sept 9th 1907

Undertaker JAMES H. DENNIS.

Address 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4602 Registered No. B C 4602

CERTIFICATE OF DEATH.

1797

(Place of Death.) No. St. Vincents Inf. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barnetas. Gorton

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inf.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: years, 3 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Sing
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St V. Inf Asy

Filed 9/9 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus.

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F Martin M.D.

Address .....

Date Sept 8 1907

Place of Burial New Cathedral

Date Sept 10 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4603 Registered No. B C 4603

15th

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Richardson

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore. 3 10 ds.

PERSONAL AND STATISTICAL PARTICULARS	
SEX F	COLOR W
DATE OF BIRTH	1
AGE	years, 1 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Norfolk Va
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. Inf Asy.

Filed 9/9 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7 1907

I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Sept. 1901 to 1901

that I last saw h alive on 1901,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Hamilton

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R Martin M.D.

Address

Date Sept 8 1907

Place of Burial New Cathedral

Date Sept 10 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4604 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Kroggies

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/9 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8. 1907.

I HEREBY CERTIFY, That I attended deceased from July 25 1907 to Sept 8 1907

that I last saw her alive on Sept 8 1907,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) 1 DAYS

Con'tributory (Primary.) Senility

(DURATION) ..... DAYS

(Signed) Rolf P. Bay M.D.

Address Bay View

Date Sept 5. 1907

Place of Burial St. Mary's Pikesville Rd

Date Sept. 10" 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 C 4605 Registered No. B C 4605

CERTIFICATE OF DEATH.

17th V

(Place of Death.) No. 13 N. Rose St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katie Seiberth

{Residence, if in Baltimore, Give Street and Number.} 13 North Rose St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Seiberth

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Eva Smith

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Seiberth

(Address) 13 N. Rose st.

Filed 9/9 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Sept 9th 1907

that I last saw h— alive on Sept 8 1907,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Child was born with no one in attendance & the cord was torn at abdominal wall & the child lost considerable blood - the head was also injured by (DURATION) DAYS

forceps - child born with mother in presenting position

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. B. Mitton M.D.

Address 1711 E. Back St.

Date Sept 9th 1907

Place of Burial St. Alphonsus

Date Sept. 10th 1907

Undertaker Wendell Lifkel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ord 607

Ward 5 Registered No. B C 4606

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 921 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Sparricella

{Residence, if in Baltimore, Give Street and Number.} 921 Eastern Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: ..... years, 7 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Charles Sparricella

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Philomina Dizzia

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Hisbeck

(Address) 330 S. Bond St.

Filed Sept 10 1907 HENRY C. ANDREAE PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8" 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 8 1907 that I last saw h— alive on Sept 8 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Justo Enteritis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 116 S. Broadway

Date Sept 8 1907

Place of Burial St. Vincent Cem

Date Sept. 10th 1907

Undertaker Trundell Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 4607 Registered No. B C 4607

1307

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs Katie A. Boone

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Schran

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) L. A. Hellsinger

(Address) Ellicott City

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 9 1907

that I last saw h[illegible] alive on Sept 9 1907,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Septicemia

(DURATION) DAYS

Contributory (Primary.) Pelvic Abscess (DURATION) 2 weeks DAYS

(Signed) Geo. H. Klinger M.D.

Address St. Josephs Hosp

Date Sept 9 1907

Place of Burial St Louis Cemetery Howard Co near Ellicott City

Date Sept. 12 1907

Undertaker Stephen Hellsinger & Son

Address Ellicott City Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4608 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 Kuper Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosie Rayco

{Residence, if in Baltimore, Give Street and Number.} 1302 Kuper Place

Duration of Residence in Baltimore. 3yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 16 years, = months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Hungarian

FULL NAME OF FATHER Rayco Rocs

BIRTHPLACE OF FATHER (State or country) Hungarian

MAIDEN NAME OF MOTHER R Kristina

BIRTHPLACE OF MOTHER (State or country) Hungarian

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John D Fields

(Address) 1200 N. Lombard

Filed 9/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 to Sept 8 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at 11 30 P M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 15 Mo DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Francis Jones M.D.

Address 1200 Lombard

Date Sept 9th 1907

Place of Burial London Park

Date Sept 10th 1907

Undertaker John D Fields

Address 1200 N. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 4609 Registered No. B C 4609

179V

CERTIFICATE OF DEATH.

(Place of Death.) No. 53 W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William A. Whittington

{Residence, if in Baltimore, Give Street and Number.} 53 W. West St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: James Whittington

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Hackett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mary Whittington

(Address) 538 W. West St.

Filed 9/10" 1907

HARRY C. ARBEG... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.
Coroner

Address .....

Date Sept. 9 1907

Place of Burial Mt. Auburn

Date Sept 10 1907

Undertaker Frost. Trading

Address 542 Whitell St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 4610 Registered No. B C 4610

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 Gorsuch avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredrick L Grob

{Residence, if in Baltimore, Give Street and Number.} 219 Gorsuch avenue

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: February 5 1852	
AGE: 55 years, 7 months, 4 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Charles Grob	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: C	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Lock smith	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Kramer

(Address) 215 Gorsuch ave

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 5 1907

I HEREBY CERTIFY, That I attended deceased from September 5 1907 to September 5 1907 that I last saw him alive on September 5 1907, and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 4 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H. Young Westbrook M.D.

Address 217 Gorsuch ave

Date September 5 1907

Place of Burial Western Cem

Date Sept 12 1907

Undertaker Jos. Goodwin, Son

Address 1217 S. Pace st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 4611 Registered No. B C 4611

164V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry M Boyd.

{Residence, if in Baltimore, Give Street and Number.} 1903 W. Pigeon St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ....1....

AGE 66 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Samuel Boyd

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary Dwen

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Boyd

(Address) 904 Hollins St.

Filed 9/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907.... and that death occurred, on the date stated above, at 5:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage & Shock

(DURATION) .... DAYS

Contributory (Primary.) Fracture Base Skull accident

(DURATION) 2 DAYS

(Signed) Clinton Luttington Coroner M.D.

Address 1815 N. Charles

Date Sept 9 1907

Place of Burial Western Cemetery

Date Sept 11 1907

Undertaker John F Lennan

Address 904 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4612

City of Baltimore, (No. 420, N Dueas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary White

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: C.

DATE OF BIRTH: Sep. (Month) 3 (Day) 1907 (Year)

AGE: 0 years, — months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edw L. White

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Amanda Water

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. F. White

(Address) 420 N Dueas St.

Filed 9/10 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Sept 9 1907

that I last saw her alive on Sept 9 1907,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 2 DAYS

Contributory (DURATION) DAYS

(Signed) W W White M. D.

Sept 9 1907 (Address) 1107 E Biway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: Sept 10 1907

UNDERTAKER: R A Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B ..... C 4613

C 4613

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Stewart

{ Residence, if in Baltimore, Give Street and Number. } Bay View (544 Boone St)

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem'l. | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Williams

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Clara Leer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) .....

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 7 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept. 7 1907

that I last saw h.. alive on Sept. 7 1907,

and that death occurred, on the date stated above, at 11.40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary oedema

(DURATION) 2 DAYS

Con'tributory (Primary.) Arteio-Sclerosis

(DURATION) ..... DAYS

(Signed) Robt C. Bay M.D.

Address Bay View

Date Sept 7 1907

Place of Burial Laurel Cemetery

Date Sept 10 1907

Undertaker Geo H. Hooper

Address 609 Fitts Point

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

Registered No. B C 4614

C 4614

CERTIFICATE OF DEATH.

1510

(Place of Death.) No. 826 S. Luzerne St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Eurich

{Residence, if in Baltimore, Give Street and Number.} 826 S. Luzerne St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 9 1907

AGE: —— years, —— months, 6 hours ~~Days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Edward Eurich

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Eurich

(Address) 826 S. Luzerne St

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1907 to Sept 9 1907

that I last saw ~~him~~ alive on Sept. 9 1907

and that death occurred, on the date stated above, at 3 ~~a~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 6 hours ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date Sept. 10 1907

Place of Burial Mount Carmel

Date Sept 10th 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4615

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4615

Registered No. B .....

City of Baltimore, (No. 602 N. Dallas St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence May Lloyd

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR Bl

DATE OF BIRTH Dec. (Month) ..... (Day) 1883 (Year)

AGE 24 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER James A. Lloyd

BIRTHPLACE OF FATHER (State or country) Balto. City

MAIDEN NAME OF MOTHER Emma ?

BIRTHPLACE OF MOTHER (State or country) Balto. Co.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. O Banks

(Address) 602 N. Dallas St

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 31 1907 to Sept 1907

that I last saw h.. alive on Aug. 31 1907,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) S. Coleman M. D.

Sept. 9 1907 (Address) J. H. H. Dis.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Laurel Cemetery

DATE OF BURIAL Sept 11th 1907

UNDERTAKER Felix B Keyser

ADDRESS 1026 E Fulton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 C 4616 Registered No. B C 4616

CERTIFICATE OF DEATH.

1462

(Place of Death.) No. 1803 N. Milton ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Magdalena Prüss

{Residence, if in Baltimore, Give Street and Number.} 1803 N. Milton ave.

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug July 9. 1907

AGE ..... years, 2 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John F. Prüss

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Anna L. Langlotz

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Prüss

(Address) 1803 N. Milton ave.

Filed 9/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9th 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 9th 1907 to Sept 9th 1907

that I last saw her alive on Sept. 9th 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 2 DAYS

Con'tributory (Primary) Mastoiditis

+60 (DURATION) 7 DAYS

(Signed) J. Dempel, M.D.

Address 1103 Valley St.

Date Sept. 9th 1907

Place of Burial Baltimore Cem

Date SEP 10 1907 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

7 1 V

CERTIFICATE OF DEATH.

Registered No. B C 4617

City of Baltimore, (No. 1111, N. Gay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ingrstal In Curtain

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 5 (Day) 1904 (Year)

AGE: ..... years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Curtain

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Melvinia Gallam

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gallam

(Address) 1110 N. Gay st

Filed 9/10 1907

[illegible] Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Sept 9 1907 that I last saw h[illegible] alive on [illegible] 6 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) ..... DAYS

Contributory Enteritis

(DURATION) 12 DAYS

(Signed) E. L. Peterson M. D.

Sept 9 1907 (Address) 1103 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 10 1907

UNDERTAKER: Henry Lutz

ADDRESS: 1007 Bond st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — C 4618 Registered No. B C 4618

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Whiteford

{Residence, if in Baltimore, Give Street and Number.} Parkville - Md -

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M-

COLOR: W

DATE OF BIRTH: 1

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single -

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Aloysius X. Whiteford

BIRTHPLACE OF FATHER (State or country): Baltimore Co

MAIDEN NAME OF MOTHER: Mary Hollingsworth

BIRTHPLACE OF MOTHER (State or country): Annie M. E. Dieter Baltimore Co

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. E. Whiteford

(Address) Park Ville Md.

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Sept 8 1907

that I last saw h in alive on Sept 8 1907,

and that death occurred, on the date stated above, at 5 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

(DURATION) 15 DAYS

Contributory (Primary.) Sepsis & Exhaustion (DURATION) 7 - DAYS

(Signed) H. H. Baker M.D.

Address City Hospital

Date Sept 8 - 1907

Place of Burial St. Mary's, Govanstown

Date Sept. 11th 1907

Undertaker Jno. Davis John W. Lewell

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

C 4619

Ward 7

Registered No. B C 4619

CERTIFICATE OF DEATH.

(Place of Death.) No. 1128 W. Cross St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Minnie M. Lehmann

{Residence, if in Baltimore, Give Street and Number.} 1128 W. Cross St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 28th 1887

AGE: 19 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Henry Pfeifer

BIRTHPLACE OF FATHER (State or country): Baltimore. Md

MAIDEN NAME OF MOTHER: Kate Boyce

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: House Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Pfeifer

(Address) 1128 W. Cross St

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 9th. 1907

I HEREBY CERTIFY, That I attended deceased from September 3rd 1907 to September 9th 1907

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 7.5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever.

2 (DURATION) 22 DAYS

Contributory (Primary.)

asthma (DURATION) 2 DAYS

(Signed) R. B. Freeman M.D.

Address 668 Columbia ave.

Date September 9th, 1907

Place of Burial Loudon Park. Cem

Date Wed. Sept 11, 1907

Undertaker Mr & Mrs Jno. W. Few

Address 801-3 W. Fayette St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 1

C 4620 Registered No. B C 4620

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Monroe

{Residence, if in Baltimore, Give Street and Number.} U. S. Marine Hospital

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Negro.

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): B. N. A.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. E. Williams

J.T.S. (Address) U. S. Marine Hospital

Filed 9/10 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9 1907

I HEREBY CERTIFY, That I attended deceased from February 10 1907 to September 9 1907

that I last saw him alive on Sept 9 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tubercle of lung & Pyelitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. E. Williams M.D.

J.T.S. Address U. S. Marine Hospital

Date September 9 1907

Place of Burial Laurel

Date Sept 11 1907

Undertaker R. A. Elliott

Address 306 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4621

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4621

City of Baltimore, (No. 416 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs H. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Dec (Month) 28 (Day) 1884 Year

AGE 22 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm H. Smith

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Mary J. Stewart

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sara E. Smith

(Address) 416 N. Dallas

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 14 1907 to Sept 8 1907 that I last saw h[illegible] alive on 8 Sept 1907, and that death occurred, on the date stated above, at 5.15 P. M. The CAUSE OF DEATH was as follows:

Valvular Heart Dis - Mitral -

(DURATION) 83 DAYS

Contributory Dropsy

(DURATION) 30 DAYS

(Signed) W C Burns M. D.

Sept 9 1907 (Address) 1926 E Bulls

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Sept 11 1907
UNDERTAKER	ADDRESS
R C Elliott	2506 Ruggles Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151 V

CERTIFICATE OF DEATH.

C 4622

Registered No. B.....

City of Baltimore, (No. 1214, N. Gay St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."].

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Robt H. Howeth

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sept. (Month) 8 (Day) 1907 (Year)

AGE 4 hours ..... years ..... months, ... days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert H. Howeth

BIRTHPLACE OF FATHER (State or country) Somerset Co, Md.

MAIDEN NAME OF MOTHER Angia C. Hunt

BIRTHPLACE OF MOTHER (State or country) Talbot Co, Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert H. Howeth

(Address) 1214 N. Gay St.

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Sept 9 1907 that I last saw h alive on Sept 9 1907, and that death occurred, on the date stated above, at 3 a. M. The CAUSE OF DEATH was as follows:

Atelectasis

(DURATION) 3 hrs DAYS

Contributory General debility

(DURATION) 3 hrs DAYS

(Signed) L. Fellmann M. D.

Sept 9, 1907. (Address) 1205 E. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Methodist Cem	Sept 10 1907
UNDERTAKER Zirkler & Zirkler	ADDRESS 1737 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7K

C 4623 Registered No. B C 4623

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 404 E Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. Asbury Jones

{Residence, if in Baltimore, Give Street and Number.} 404 E Cross

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Mar 20 1833
AGE	72 years, 5 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Madison Dorchester County
FULL NAME OF FATHER	Thomas Jones
BIRTHPLACE OF FATHER (State or country)	Madison Dorchester County
MAIDEN NAME OF MOTHER	Rose Ann Jones
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jones

(Address) 404 E. Cross

Filed 9/10 1907

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7th 1907

I HEREBY CERTIFY, That I attended deceased from August 20 1907 to Sept 7 1907

that I last saw h[illegible] alive on Sept 6 1907

and that death occurred, on the date stated above, at 7 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paresis

1 Year 6 Months (DURATION) DAYS

Con'ributory (Primary.) Age

(DURATION) — DAYS

(Signed) Theodore Cook M.D.

Address 914 N Charles

Date Sept 9. 1907

Place of Burial London Park cemetery

Date Sept 11 1907

Undertaker D. Frew McCurdy

Address 39 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4624

City of Baltimore, (No. 1040 Mulberry Ave St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Elizabeth Dreyden

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: June (Month) 20 (Day) 1907 (Year)

AGE: 1 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: X

BIRTHPLACE (State or country): Somerset Co Md.

FULL NAME OF FATHER: Samuel Isaac. Dryden

BIRTHPLACE OF FATHER (State or country): Somerset Co. Md

MAIDEN NAME OF MOTHER: Nora Hill. Calver

BIRTHPLACE OF MOTHER (State or country): Somerset Co. Md.

OCCUPATION OF DECEASED: X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel I. Dryden

(Address) 1040 Millon Ave Balto

Filed 9/10 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 9. (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 9 1907 that I last saw her alive on Sept 9 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 4 DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) Charles Beck M. D.

9. 9. 1907 (Address) 131 Pattison M Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: MT. CARMEL CEMETERY. MT. CARMEL CEMETERY.

DATE OF BURIAL: SEP 10 1907

UNDERTAKER: Christian Miller, ADDRESS: 2334 Jefferson St

2334 Jefferson Street

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 C 4625 Registered No. B C 4625

CERTIFICATE OF DEATH.

155 V

(Place of Death.) No. 1643 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Smith

{Residence, if in Baltimore, Give Street and Number.} 1643 Thames

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1836

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix Foley

(Address) 508 E Pratt St

Filed 9/10 1907

HARRY C. ANDERSON PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7th 1907

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

Irregular burning Carbuncle

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudlow Grimes M.D.

Address 320 N Greene St

Date 190

Place of Burial Baltimore Gen.

Date Sept 10th 1907

Undertaker A. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore.
(If death occurs
USUAL RES
give facts called
"Special Inform

PERSONA

SEX F

DATE OF BIRTH

AGE 1

SINGLE, MARRIE WIDOWED, OR D

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STA BEST OF MY KN

(Informant)

(Address)

Filed 9/10 190

HEALTH DEPARTMENT, City of Baltimore. C 4626

Ward 11 4 C 4626 Registered No. B

114 v

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Karl Reibel

{Residence, if in Baltimore, Give Street and Number.} Rock Hall Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Aug 14, 1860

AGE 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Berlin Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) William Reibel

(Address) Rock Hall. Md.

Filed 9/10 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 9 1907

that I last saw h~~e~~ alive on Sept 9 1907

and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 3 DAYS

Contributory (Primary) Gangrenous Gall Bladder (DURATION) 14 DAYS

(Signed) W. W. Brown M.D.

Address Md. General Hosp.

Date Sept 10 1907.

Place of Burial Rock Hall Kent Co Md.

Date Sept 11th 1907

Undertaker Wm M Quarterup

Address North & Linden Aves

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 0

C 4627 Registered No. B C 4627

CERTIFICATE OF DEATH. 1056

(Place of Death.) No. 517 S. Bentalou St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis R. Murphy.

{Residence, if in Baltimore, Give Street and Number.} 517 S. Bentalou

Duration of Residence in Baltimore. Life-time-

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 22nd 1907

AGE: 0 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James A. Murphy

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lucretia R. Pilkerton

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Murphy

(Address) 517 Bentalou St

Filed 9/10 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 10th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3rd 1907 to Sept 10th 1907

that I last saw him alive on Sept 9th 1907

and that death occurred, on the date stated above, at 6:20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) 21 DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 35 DAYS

(Signed) E. A. Knott M.D.

Address 1927 W. Lombard St.

Date Sept 10th 1907

Place of Burial Bayview Asylum

Date Sept. 11th 1907

Undertaker C. F. McCormick

Address 1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4628

Ward V

C 4628 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 214 S. Wolfe St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecilia Brownoski

{ Residence, if in Baltimore, Give Street and Number. } 214 S. Wolfe St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md

FULL NAME OF FATHER: Grgorry Brownoski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Rosia Swolkowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grogary Brownoski

(Address) 214 S. Wolfe St

Filed 9/10 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9- 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 9 1907 that I last saw h alive on Sept 8 1907, 8.30 and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Colon, Infantum

(DURATION) 4 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) E. L. Blade M.D.

Address 1436 B'way

Date SEP 10 1907 190

Place of Burial Holy Rosary

Date SEP 10 1907 190

Undertaker M. F. SADOWSKI.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4629 Registered No. B C 4629

CERTIFICATE OF DEATH. 1794

(Place of Death.) No. Steamer Alabama Bay Louise St. Chesapeake Bay & Potomac River (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin L. Foster.

{Residence, if in Baltimore, Give Street and Number.} Matthews Co. Va.

Duration of Residence in Baltimore. En route.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Don't know.

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Salesman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac P. Freeman Brother

(Address) 1019 N Lanvale St

Filed 9/10 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 10 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) [illegible] M.D.

Coroner

Address ...

Date Sept 10 1907

Place of Burial Massie Virginia

Date September 10 1907

Undertaker James Dignan & Son

Address 759 Hamburgers St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C 4630 Registered No. B C 4630

CERTIFICATE OF DEATH. 69 V

(Place of Death.) No. 48 Brown Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph A. Miller

{Residence, if in Baltimore, Give Street and Number.} 48 Brown Lane.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 8th 1907

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER Albert F Miller

BIRTHPLACE OF FATHER (State or country) Balt Md

MAIDEN NAME OF MOTHER Lelore E Mozenyer

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert F Miller

(Address) 48 Brown Lane.

Filed 9/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2. 1907 to Sept 9. 1907

that I last saw him alive on Sept 7. 1907

and that death occurred, on the date stated above, at 10 am

M. CAUSE OF DEATH (Secondary or Immediate.)

Epilepsy

(DURATION) 21. DAYS

Contributory (Primary.) Collapse

(DURATION) 1. DAYS

(Signed) C. B. Wilson M.D.

Address 1735 Hollins St

Date Sept 10 1907

Place of Burial New Cathedral

Date Sept 11 " 1907

Undertaker Wm S. Finlay

Address 213 N. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 4631 Registered No. B C 4631

CERTIFICATE OF DEATH.

13 V

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth House

{ Residence, if in Baltimore, Give Street and Number. } 410 N. Central ave

Duration of Residence in Baltimore. 31 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 31 1875

AGE 31 years, 9 months, 6 days

SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas. Frosthurg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Ritter

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Frank House

(Address) 410 N. Central Ave

Filed 9/10 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 9 1907 that I last saw h er alive on Sept 9 1907, and that death occurred, on the date stated above, at 10.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Bilateral Pyosalpingitis~~

Septicemia

(DURATION) ____ DAYS

Contributory (Primary.) Bilateral Pyosalpingitis (DURATION) ____ DAYS

(Signed) John F. Moore M.D.

Address St. Josephs Hospital

Date Sept. 9 1907

Place of Burial London Park Cemetery

Date September 12" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 — C 4632 — Registered No. B C 4632

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Hanover St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E B Shaffer

{Residence, if in Baltimore, Give Street and Number.} 1407 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Sept 20 1845

AGE 61 years, 11 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER John C Lyon

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Augusta M Day

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Samuel W. Griffin

(Address) 1407 Hanover st

Filed 9/10 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9th 1907

I HEREBY CERTIFY, That I attended deceased from September 1906 to Sept 9th 1907

that I last saw h[illegible] alive on Sept 9th 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate

Locomotor ataxia

18 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T J Donnelly M.D.

Address 340 S Charles St

Date Sept 10th 1907

Place of Burial Loudan Park

Date Sept. 11. — 1907

Undertaker E M Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — C 4633 — Registered No. B C 4633

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1610 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Harry J. Brashears

{ Residence, if in Baltimore, Give Street and Number. } 1610 E. Hoffman st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Nov 9th 1906

AGE: ....years, 10 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Brashears

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Frances Heck

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Brashears

(Address) 1610 E. Hoffman

Filed 9/10 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 9 — 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 30 — 1907 to Sept. 9 — 1907

that I last saw h.. alive on .." ..1907

and that death occurred, on the date stated above, at 9:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

2 hours (DURATION) DAYS

Con'tributory (Primary.) Gastro-enteritis

(DURATION) 14 DAYS

(Signed) Edwin B. Feeley M.D.

Address 1219 N. Carolina st.

Date September 10 — 1907

Place of Burial Mt Carmel Cem

Date 9/11/07 190

Undertaker J. Herring & Son

Address 1005 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

C 4634

Registered No. B C 4634

179

CERTIFICATE OF DEATH.

(Place of Death.) No. Town on South Sharp 607 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Cushman

{ Residence, if in Baltimore, Give Street and Number. } "

Duration of Residence in Baltimore. "

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Can't Say	Can't Say

DATE OF BIRTH Cushman 1

AGE — years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/10 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Cushman 190

June Sept 2d 1907

I HEREBY CERTIFY, That I attended deceased from Cushman 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

The mutilated remains of an infant, found in tenement 607 Sharp St. Have not been able to obtain any facts. The facts are now at morgue.

Contributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) J. D. Gelston Coroner M.D.

Address 211 W. Lanvale St.

Date Sept 7-11 1907

Place of Burial JOHNS HOPKINS HOSPITAL.

Date SEP 10 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR MORTUARY PURPOSES

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4635 Registered No. B C 4635

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Walker

{Residence, if in Baltimore, Give Street and Number.} 1617 Eutaw St City

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black
DATE OF BIRTH	1
AGE	30 years, months, days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	Lewis Walker.
BIRTHPLACE OF FATHER (State or country)	Phila. Pa.
MAIDEN NAME OF MOTHER	Mary Crisfield
BIRTHPLACE OF MOTHER (State or country)	Phila Pa.
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Bryden

(Address) Md Penitentiary

Filed 9/10 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 6/1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Sept 6 1907

that I last saw him alive on Sept 5 1907,

and that death occurred, on the date stated above, at 7 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Empyema

8 weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Grosse M.D.

Address 1808 N. Charles St.

Date Sept 9/1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 10 1907

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Morgue

209

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 4636 Registered No. B C 4636

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Add Coleman

{Residence, if in Baltimore, Give Street and Number.} Balto.

Duration of Residence in Baltimore. 2yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 35 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Pyler

Address Md. Penitentiary

Filed 9/10 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Jan 24 1906 to Sept 2 1907 that I last saw her alive on Sept 2 1907 and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

3yrs (DURATION) DAYS

Contributory (Primary.) 2 (DURATION) DAYS

(Signed) [redacted] M.D.

Address 1808 N. Charles

Date Sept 2 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 10 1907 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

207

Ward 17 C 4637 Registered No. B C 4637

CERTIFICATE OF DEATH.

401

(Place of Death.) No. 828 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name David McIlvain

{Residence, if in Baltimore, Give Street and Number.} 828 Harlem Ave.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	April 19, 1830
AGE	77 years, 4 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	County Armagh Ireland
FULL NAME OF FATHER	James McIlvain
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Elizabeth Gill-
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret McIlvain

(Address) 828 Harlem ave

Filed 9/10 1907

HARRY C. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907.

I HEREBY CERTIFY, That I attended deceased from April 1907 to Sept. 1907 that I last saw h[illegible] alive on Sept 8 1907 and that death occurred, on the date stated above, at 7.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

a Cardiac Asthenia

(DURATION) 5 DAYS

Contributory (Primary.) Carcinoma of Stomach (DURATION) 9 months

(Signed) Geo W Hammond M.D.

Address 800 Harlem Ave.

Date Sept 9. 1907.

Place of Burial Baltimore Cem

Date 9/11 1907

Undertaker Wm J Schilling

Address 264 W Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4638

Ward 15 — C 4638 — Registered No. B

CERTIFICATE OF DEATH.

471

(Place of Death.) No. 732 W North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew L. Stockins

{Residence, if in Baltimore, Give Street and Number.} 732 W North Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 19 1834

AGE: 53 years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Gideon P Stockins

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Mary E McClelland

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Book Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa Stockins

(Address) 732 W North Ave

Filed 9/10 1907

HATTIE C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 1907

that I last saw h[e] alive on Sept 8 1907,

and that death occurred, on the date stated above, at 4 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

Bronchitis (DURATION) 2 DAYS

Contributory (Primary.) Pneumonia (DURATION) DAYS

(Signed) Joseph Hully M.D.

Address 1816 Madison ave

Date Sept 10 1907

Place of Burial Loudon Park

Date Sept 11 1907

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 4639 Registered No. B C 4639

CERTIFICATE OF DEATH.

931 V

(Place of Death.) No. 3644 Cedar Ave St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James N. O'Rourke

{ Residence, if in Baltimore, Give Street and Number. } 3644 Cedar Ave

Duration of Residence in Baltimore. 18 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 16 1860

AGE 41 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER John O Rourke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Gr Raven

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Police Man

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary O Rourke

(Address) 3644 Cedar Ave

Filed 9/10 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 7 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept 7 1907 that I last saw h.. alive on Sept 8 1907, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia. Hemiplegia

(DURATION) 1 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 7 DAYS

(Signed) R B. Nowell M.D.

Address 3643 Chestnut Ave

Date 190

Place of Burial St Peters V

Date Sept 11 1907

Undertaker A S Marshall

Address 3639 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 4 C 4640 Registered No. B C 4640

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard T. Snowden

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Blk
DATE OF BIRTH: May 22 1904	
AGE: 2 years, 4 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Howard Co. Md.	
FULL NAME OF FATHER: [illegible]	
BIRTHPLACE OF FATHER (State or country): [illegible]	
MAIDEN NAME OF MOTHER: [illegible]	
BIRTHPLACE OF MOTHER (State or country): [illegible]	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 9/10 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 10 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 26 1906 to Sept. 9 1907 that I last saw h[illegible] alive on Sept 9 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

2 yrs. (DURATION) [illegible] DAYS

Contributory (Primary.) [illegible]

(DURATION) [illegible] DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Sept. 10 1907

Place of Burial Cathedral Cemetery

Date Sept. 11 1907

Undertaker Felix B. Pyle

Address 102 E. Hillsborough St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179 V

CERTIFICATE OF DEATH.

Registered No. B C 4641

City of Baltimore, (No. 1427 Gough St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mandel Burman.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	April (Month) (Day) 1907 (Year)
AGE	abt. 5 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Boys view Asylum Baltimore.
FULL NAME OF FATHER	Abram Burman
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Bessie Block.
BIRTHPLACE OF MOTHER (State or country)	Russia.
OCCUPATION OF DECEASED	Nil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abram Burman

(Address) 1427 Gough St.

Filed

..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8. 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 3. 1907 to Sept. 8 1907.

that I last saw him alive on Sept. 3 1907,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Sy- Mesed - Pneumonia

Marasmus,

This child had been at Mt. Hebron Sanitarium — (DURATION) 65. DAYS

Contributory Sy mesed —

Improperfed (DURATION) ..... DAYS

(Signed) Alfred S. Hilsenbeck M. D.
attending

Sept. 9 1907 (Address) Sanitarium Pikesville Md.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Rows Dale Cemet	Sept 10 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 Mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. ***Twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

Ward 17 Registered No. B C 4642

CERTIFICATE OF DEATH.

104 V

(Place of Death.) No. 1132 Wilmer Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Golden

{Residence, if in Baltimore, Give Street and Number.} 1132 Wilmer Alley.

Duration of Residence in Baltimore. 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Black
DATE OF BIRTH: May 6 1903	
AGE: 4 years, V months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.	
BIRTHPLACE (State or country): Balto Md.	
FULL NAME OF FATHER: Augustus Golden	
BIRTHPLACE OF FATHER (State or country): Chas Co Md.	
MAIDEN NAME OF MOTHER: Georgeanna Golden	
BIRTHPLACE OF MOTHER (State or country): Chas Co Md.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgeanna Golden the Mother

(Address) 123 Riggs Ave

Filed Sept 8 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept 7 1907

that I last saw h.. alive on Sept 7th 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Gestion.

(DURATION) two DAYS

Con'tributory (Primary.) Heat

(DURATION) two DAYS

(Signed) R. L. Slade, M.D.

Address 1119 Eutaw Pl

Date Sept 10 1907

Place of Burial Mt Auburn Cemetery

Date September 11th 1907

Undertaker Felix B Myer.

Address 112 E Lombard St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4643

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4643

City of Baltimore, (No. 2325 S. Beizel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathaniel Clawson.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	Black.
DATE OF BIRTH	June (Month) 25 (Day) 1905 (Year)
AGE	2 years, 2 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Arthur Gaskins
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Elizabeth Clawson
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P A Elliott

(Address) 506 Rogers Ave

Filed 9/11 1907 HARRY O'[illegible] Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 9 1907 that I last saw h[illegible] alive on Sept 7th 1907, and that death occurred, on the date stated above, at 8.30 A. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 5 DAYS

Contributory Rickets

(DURATION) — DAYS

(Signed) Eugene Leopard M. D.

1907 (Address) 7th N. Dist.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Sept 11 1907
UNDERTAKER	**ADDRESS**
P A Elliott	506 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward C 4641 Registered No. B C 4644

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 326 S. Duncan Alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Evelyn V. Rankin

{Residence, if in Baltimore, Give Street and Number.} 326 S. Duncan alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 16th 1907

AGE: ..... years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph T. Rankin

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Maggie Lain

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph T. Rankin

(Address) 326 S. Duncan St.

Filed 9/11 1907 HARRY O. ARMENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to Sept. 9, 1907 that I last saw h er alive on Sept. 3 1907 and that death occurred, on the date stated above, at 3.40 P. M., CAUSE OF DEATH (Secondary or Immediate.)

Gastero Enteritis

about 6 mos (DURATION) ..... DAYS

Con'tributory (Primary.)

Convulsions (DURATION) 1 DAY.

(Signed) Geo. Heller M.D.

Address 1937 Gough St.

Date Sept. 11, 1907

Place of Burial Wd. Lutheran

Date Sept. 11th 1907

Undertaker Chas. A. Govan

Address BANK + ADMS Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 4645 Registered No. B C 4645

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 103 Albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lenie Nachlas.

{ Residence, if in Baltimore, Give Street and Number. } 103 Albemarle St

Duration of Residence in Baltimore. ~~life~~ 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 1

AGE 63 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Peretz Sheinerman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Chana Gutshyn

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herz Nachlas

(Address) 22 S. Hugh St.

Filed 9/11 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 19 1904 to Sept 10 1907 that I last saw h-er alive on Sept 10 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

3 years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Baltimore St

Date Sept 11, 1907

Place of Burial Rogers Dale Cemetery

Date Sept 11, 1907

Undertaker Max Levinson

Address 1620 McElderry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4646 Registered No. B C 4646

CERTIFICATE OF DEATH. 53V

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene Hunnicutt

{ Residence, if in Baltimore, Give Street and Number. } Oxford Md

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 47 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo A McCleary

(Address) John Hopkins Hospital

Filed 9/11 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 10 1907 that I last saw h[illegible] alive on Sept 10 1907, and that death occurred, on the date stated above, at 2 40

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Leukaemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. Webb Griffith M.D.

Address Johns Hopkins Hospital

Date Sept 10 1907

Place of Burial Oxford Md

Date SEP 11 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 4647 Registered No. B C 4647

CERTIFICATE OF DEATH. 93V

(Place of Death.) No. 2309 E North ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Bertha Smick

{ Residence, if in Baltimore, Give Street and Number. } 2309 E North ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov 28th 1

AGE 26 years, 10 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Nixon

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Bertha Langenuth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bertha Nixon

(Address) 2309 E. North ave

Filed 9/11 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31st 1907 to Sept 10th 1907

that I last saw h[illegible] alive on Sept 10th 1907,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.)

Lobar Pneumonia (DURATION) DAYS

(Signed) E. J. Ellwert M.D.

Address 1419 E Eager St

Date Sept. 11th 1907

Place of Burial Baltimore. Com

Date SEP 13 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 C 4648 Registered No. B C 4648

CERTIFICATE OF DEATH.

8/V

(Place of Death.) No. 300 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Cardiff Beaver

{ Residence, if in Baltimore, Give Street and Number. } 300 N. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 8° 1840

AGE 67 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William Hamilton

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Harris

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ella Rollison

(Address) 300 N. Broadway

Filed 9/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 9 1907 190

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1907 to Sept 9 1907 that I last saw h-- alive on Sept 9 1907, and that death occurred, on the date stated above, at 8 13 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 4 DAYS

Con ributory (Primary) Arteriosclerosis

Cardiac Exhaustion (DURATION) 2 DAYS

(Signed) J. Morley Hoag M.D.

Address 721 Columbia Ave

Date SEP 10 1907 190

Place of Burial Mt. Olivet. Cem.

Date SEP 12 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 4649 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin James.

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 9/11 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept 9 1907 that I last saw him alive on Sept 9 1907, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) + DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Sept. 10 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 10 1907 190

Undertaker William H. Woodus

Address 1810 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 3 — C 4650 — Registered No. B C 4650

CERTIFICATE OF DEATH.

54 V

(Place of Death.) No. Md. Gen'l Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. A. Whiteley

{Residence, if in Baltimore, Give Street and Number.} 6 S. High St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Feb 22 1866

AGE: 41 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Wm F. Whiteley

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Ellen E. Reynolds

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. E. Whiteley

(Address) 24 S. Chas st

Filed 9/11 1907 HARRY O. ANDREWS, PENAL CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept. 9 1907

that I last saw h in alive on Sept 9 1907

and that death occurred, on the date stated above, at 245 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apnea

(DURATION) DAYS

Contributory (Primary:) Pernicious anemia

(DURATION) 4 DAYS

(Signed) W. W. Bowen M.D.

Address 2nd Gen. Hosp

Date Sept 10 1907

Place of Burial Loudon Park

Date Sept. 11 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHCUT A PROPER CERTIFICATE.

113

CERTIFICATE OF DEATH.

Registered No. B 4651

City of Baltimore, (No. 3 Ford Park Heights Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E Conn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. (Month) 10 (Day) 1907 (Year)

AGE: 0 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joseph J Sinnen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Christofer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Geo Conn

(Address) 3 Ford Park [illegible]

Filed 9/11 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 10 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 25 1907 to Sept 10 1907 that I last saw her alive on Sept 10 1907, and that death occurred, on the date stated above, at [illegible] P. M. The CAUSE OF DEATH was as follows:

Peritonitis

(DURATION) 15 DAYS

Contributory Gall Stones

(DURATION) 15 DAYS

(Signed) Geo. W. Towers M. D.

Sept. 11 1907 (Address) 703 N Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: [illegible] Cem.

DATE OF BURIAL: Sept. 12 1907

UNDERTAKER: Jas Syfer

ADDRESS: 1600 W. North Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B C 4652 79 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Jacobsky

{ Residence, if in Baltimore, Give Street and Number. } Hebrew Aged Home (109-11 Aisquith St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W

DATE OF BIRTH 1829

AGE 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Solomon Stoller

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosie Stoller

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED O

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. M. Palitz

(Address) 109 Pisquith st

Filed 9/11 1907

HARRY C. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th 1907

I HEREBY CERTIFY, That I attended deceased from Jan. 1904 to Sept. 10 1907

that I last saw h— alive on Sept 10 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia (Dilated Heart)

(DURATION) 1 DAY

Con'tributory (Primary.) old age

(DURATION) DAYS

(Signed) M. M. Savage M.D.

Address 1121 E Baltimore

Date Sept 11" 1907

Place of Burial Roan Dale Cemetry

Date Sept 11, 1907

Undertaker Max Lennison

Address 1620 Mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 1051

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4653

City of Baltimore, (No. 5 Marriott St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Edwin Michael

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 4th 1907 (Month) (Day) (Year)

AGE: — years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. Michael

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Maggie A Marburger

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Michael

(Address) 5 Marriott

Filed 9/11 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 9th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 29th 1907 to September 9th 1907

that I last saw him alive on Sept. 9th 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Entero-Colitis

(DURATION) 12 DAYS

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) John G. Holliday M. D.

Sept. 10th 1907 (Address) 714 Hedenick ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Sept-11 1907

UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTME[illegible]

C-4654

Ward 18

Registered No. B 1422

C 4654

CERTIFICATE OF DEATH.

(Place of Death.) No. 868 W Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J Ramsay —

{Residence, if in Baltimore, Give Street and Number.} 868 W Baltimore St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 18 1832

AGE 74 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Geo. Borgelt

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Emilie Wantel

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Walter A Ramsay

(Address) # 4 N Hunt st

Filed 9/11 1907 HARRY C. ARBERTS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21st 1907 to Sept 10 1907

that I last saw h er alive on Sept 9 1907

and that death occurred, on the date stated above, at 5.40 a M. CAUSE OF DEATH (Secondary or Immediate)

General senile decay —

or Heroma — Had been under
care of no physician until above
date — when seen Carcinoma
ulcerat Base of Spine and bedsore S C
which proved a condition of
Con tributory (Primary) semi consciousness at time I saw her — Sept 9 1907
(DURATION) DAYS

(Signed) W Falkenau M.D.

Address 8 W 25th

Date Sept. 10 1907

Place of Burial Loudon Park.

Date September 12 1907

Undertaker Jos. B. Cook.

Address 1603 W Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPAR

Ward 4th — C 4655 — Registered No. B C 4655

CERTIFICATE OF DEATH.

56V

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name E. M. Geary

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 32 years, + months, + days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 9/11 1907 HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8 1907

I HEREBY CERTIFY, That I attended deceased from 9/6 1907 to 9/8 1907 that I last saw h[illegible] alive on 9/8 1907, and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma + Cardiac asthenia

(DURATION) 14 Hours DAYS

Contributory (Primary.) Nephritis (Acute)

(DURATION) 2 DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date 9/9 1907

Place of Burial Holy Cross Cemetery

Date Sept. 11, 1907

Undertaker H. W. Means & Son.

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DE

Ward 9 C 4656 Registered No. B C 4656

CERTIFICATE OF DEATH.

9 W

(Place of Death.) No. 1300 W Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice C. Carroll

{Residence, if in Baltimore, Give Street and Number.} 1300 Harford Ave

Duration of Residence in Baltimore. 57 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: July 15 1832

AGE: 75 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Wm. Culbert

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Whalen

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Jas. Carroll
1300 Harford Ave.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9th 1907

I HEREBY CERTIFY, That I attended deceased from 6th Sept 1907 to 9th Sept 1907

that I last saw h[illegible] alive on Sept 9th 1907,

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Bronchitis

(DURATION) 3 DAYS

(Signed) [illegible] M.D.

Address 809 N Charles St

Date Sept 10th 1907

Place of Burial Holy Cross Cemetery

Date Sept. 12 - 1907

Undertaker Henry W. Means 2nd Son

Address 805 N. Calvert St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said City of Baltimore, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case has been referred to him, or notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, residence, occupation, condition** (whether married or single), and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10 C 4657 Registered No. B C 4657

CERTIFICATE OF DEATH.

(Place of Death.) No. 1713 Fairmount Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Edward H. Ostmann

{Residence, if in Baltimore, Give Street and Number.} 1713 Fair Mount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 17 1884

AGE 22 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Richard Ostmann

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Kruger

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Ostmann

(Address) 1713 Fairmount Ave

Filed 9/10 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 8 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to Sept 8 1907 that I last saw him alive on Sept 8 1907, and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric Fever

(DURATION) 18 DAYS

Con'tributory (Primary) Probable Embolism

of Coronary artery (DURATION) a few hours

(Signed) W. H. Lewis M.D.

Address 1220 Linden Ave

Date Sept 10 1907

Place of Burial Baltimore Cemetery

Date Sept. 11 1907

Undertaker H. Lander & Sons

Address Bdway & Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 4658 Registered No. B C 4658

CERTIFICATE OF DEATH.

1547

(Place of Death.) No. 744 W Balto St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah R Rachael

{Residence, if in Baltimore, Give Street and Number.} 744 W Balto

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
F	W
DATE OF BIRTH	1
AGE	78 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Chas Lee
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Margaret Brown
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J J Bowman

(Address)

Filed 9/11 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1907

I HEREBY CERTIFY, That I attended deceased from an Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Renal deficiency

Old age (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D C Marine M.D.

Address

Date Sept 11 1907

Place of Burial Western Cemetery

Date Sept 11 1907

Undertaker John J Bowman

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1207

CERTIFICATE OF DEATH.

C 4659

Registered No. B.....

City of Baltimore, (No. 2204 Callow Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	..... 1 ..... (Month) (Day) Year)
AGE	78 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	X
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	X
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Davis

(Address) 2204 Callow Ave

Filed 9/11 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Sept 10th 1907
that I last saw h— alive on Sept 10th 1907,
and that death occurred, on the date stated above, at 5
P M. The CAUSE OF DEATH was as follows:

Chronic Intestinal Nephritis
+ Pneumonia

(DURATION) ..... DAYS

Contributory Cataract

(DURATION) ..... DAYS

(Signed) J. O. Leipheimer M. D.

Sept 10 1907 (Address) 1920 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	Sept 12 1907
UNDERTAKER	ADDRESS
Harris Goodman	923 Gilmor

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 4660 C 4660

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 N. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Isabelle Smullen

{Residence, if in Baltimore, Give Street and Number.} 25 N. Ann St.

Duration of Residence in Baltimore. 28 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH October 23rd 1854

AGE 52 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Louis M. Gratt

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rachel Bloodsworth

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rufus F. Smullen

(Address) 25 N. Ann St

Filed 9/11 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 9th 1907

that I last saw her alive on Sept 9 1907

and that death occurred, on the date stated above, at 9:20 A. M. CAUSE OF DEATH (Secondary or Immediate

Valvular disease of Heart

(DURATION) 5 DA

Contributory (Primary.) Cirrhosis

(DURATION) 2 DAY

(Signed) H. F. Gehry M.D

Address 131 E. Lanvale

Date September 10th 1907

Cremated 60

Place of Burial Princess Anne Md.

Date September 12th 1907

Undertaker H. Allen Fuhler

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4661 Registered No. B 7/11

CERTIFICATE OF DEATH. C 4661

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Wolfe

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 22. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 9/11 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10 1907

I HEREBY CERTIFY, That I attended deceased from Aug 12 1907 to Sept 10 1907 that I last saw him alive on Sept 10 1907, and that death occurred, on the date stated above, at 11 9 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 10 1907

Place of Burial Sacred Heart

Date Sept 12 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

137 V

CERTIFICATE OF DEATH.

Registered No. BC 4662

City of Baltimore, (No. 1707 N. Register St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth B Ullrich

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 7 1874 (Month) (Day) (Year)

AGE: 34 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles B. Gunnecka

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Louisa Haas.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. D. Ullrich

(Address) 1709 N. Register St

Filed 9/11 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 10th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 21st 1907 to Sept 10th 1907 that I last saw h[er] alive on Sept 10th 1907, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Puerperal Septicemia

Coma

(DURATION) 20 DAYS

Contributory Puerperal Nephritis & Difficult Labor (DURATION) 2 Mos DAYS

(Signed) Chas. B. Zeigler M. D.

Sept 10 1907 (Address) 830 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem — DATE OF BURIAL: Sept 12 1907

UNDERTAKER: A. Fink & Son — ADDRESS: 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die the Physician who attended during his or her last sickness, or the Coroner, when the case co ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a c can be ascertained, the full name, sex, age, condition (whether married or single) of the person d

HEALTH DEPARTMENT, CITY OF BAL

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4663

City of Baltimore, (No. 115 S Ann St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret A Koffenberger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 10 (Day) 1852 (Year)

AGE: 55 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Fleming

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth McAvoy.

BIRTHPLACE OF MOTHER (State or country): Ireland.

...ATED PERSONAL PARTICULARS ARE TRUE TO THE ...KNOWLEDGE AND BELIEF.

Walter Koffenberger
155 Ann.

HENRY C. AMBROSE, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 9 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1904 to Sept. 9 1907, that I last saw her alive on Sept 9 1907, and that death occurred, on the date stated above, at 7.55 P. M. The CAUSE OF DEATH was as follows:

Carcinoma (Breast)

about 3 1/2 yrs (DURATION) ... DAYS

Contributory

Asthenia (DURATION) 3 Ms DAYS

(Signed) Geo Heller M. D.

Sept 10 1907 (Address) 1937 Guilford Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was di... if not at plac...

PLACE OF BU... Green...

UNDERTAKER... E J Fu...

WM. J. C. DULANY CO., BALTIMORE.

C-4664
thru
C-4667
missing

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die the Physician who attended during his or her last sickness, or the Coroner, when the case cor ***twenty-four hours after death***, to the Undertake can be ascertained, the full name, sex, age, condit

Cl

SEX

DAT

AGE

SING WIDO

BIRTH (State

FULL OF FA

BIRTH OF FA (State

MAIDE OF MO

BIRTHP OF MO (State o

Ward 16 C 4668 Registered No. B C 4668

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 S. Stockton St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Eva Ellenor Powell

{Residence, if in Baltimore, Give Street and Number.} 123 S. Stockton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Dec. 24th 1906.
AGE	..... years, 8 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimd
FULL NAME OF FATHER	Robert L. Powell
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary E. Huckabee
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Robt. Powell

(Address) 123 S. Stockton St

Filed 9/12 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 10th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Sept 10 1907

that I last saw her alive on Sept 9 1907,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Cholera Infantum (DURATION) 17 DAYS

(Signed) M. A. O'Neill M.D.

Address 1215 Hollins St.

Date September 10 1907

Place of Burial Mount Olivet

Date Sept. 12th 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **cause and date of death.**

Ward 11 C 4669 Registered No. B

CERTIFICATE OF DEATH.

C 4669
105

(Place of Death.) No. 422 St. Mary St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Knight

{ Residence, if in Baltimore, Give Street and Number. } 422 St. Mary St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: Feb. 5, 1907

AGE: ..... years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Not known.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Not known.

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alf Hensley

(Address) 578 N Bals. St

Filed 9/12 1907 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 3 1907 to Sept. 11 1907 that I last saw her alive on the 10 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 7. DAYS

Contributory (Primary.) Congenital debilitas (DURATION) DAYS

(Signed) A. DeSales Kelly M.D.

Address 2143 Penna. Ave

Date Sept. 11, 1907

Place of Burial Mt Auburn

Date Sept 12 — 1907

Undertaker Alf. Hensley

Address 576 N Bickford St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and if no Physician attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 C 46,0 Registered No. B C 46.0

8 IV

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Kalb

{Residence, if in Baltimore, Give Street and Number.} 6 N. Castle st

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 20 1835

AGE 72 years, ... month's ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Bankratz Kalb

BIRTHPLACE OF FATHER (State or country) Ger.

MAIDEN NAME OF MOTHER Elizabeth Rau

BIRTHPLACE OF MOTHER (State or country) Ger.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Bayer

(Address) 6 N. Castle st

Filed 9/12 1907 HARRY C. ANDREW Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11th 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to Sept 11th 1907 that I last saw him alive on Sept 11th 1907, and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

General Arteriosclerosis

(DURATION) 60 DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) Edw. H. Engelhard M.D.

Address 1 N. Washington St.

Date Sept 11th 1907

Place of Burial Holy Redeemer

Date Sept. 13 1907

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — C 4671 — Registered No. B C 4671

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 830 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Parker

{Residence, if in Baltimore, Give Street and Number.} 830 N. Eutaw St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Geo Parker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Chew

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Parker

(Address) 830 N. Eutaw

Filed 9/10 1907 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 9. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 9 1907

that I last saw h[illegible] alive on Sept 8 1907, and that death occurred, on the date stated above, at 10.55 M.

CAUSE OF DEATH (Secondary or Immediate.)

Bright's disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edward Smith M.D.

Address 538 Hanover St.

Date Sept 11 1907

Place of Burial Mt Auburn

Date Sept 12 1907

Undertaker Frost & Bradburn

Address 142 West Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4672

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1051

CERTIFICATE OF DEATH.

Registered No. B C 4672

City of Baltimore, (No. 603 - 4th Av St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary D Clary

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jan 1st 1907 (Month) (Day) (Year)
AGE	years, 8 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Harry C Clary
BIRTHPLACE OF FATHER (State or country)	US
MAIDEN NAME OF MOTHER	Alice M. Marney
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Clary

(Address) 603 - 4th Av

Filed 9/12" 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 30 1907 to Sept 11 1907

that I last saw her alive on Sept 11 1907,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Chronic Otitis media
Malnutrition

(DURATION) DAYS

Contributory Malnutrition

2 Months (DURATION) DAYS

(Signed) S Smith M. D.

Sept 11 1907 (Address) 206 - 3rd Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemy	Sept 13 1907
UNDERTAKER	ADDRESS
Horace Burgee	3631 Frederick Rd

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

C 4673 Registered No. B C 4673

CERTIFICATE OF DEATH.

1207

(Place of Death.) No. 327 E. North Avenue St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Benjamin F. Hiss

{Residence, if in Baltimore, Give Street and Number.} 227 E. North Avenue

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: September 29 1864

AGE: 42 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Benjamin S. Hiss

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Sarah Ellen Sears

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Coal Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs G. I. Black

(Address) 327 E. North Avenue

Filed 9/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 10 1907

I HEREBY CERTIFY, That I attended deceased from Sep 2 1907 to Sep 10 1907

that I last saw him alive on Sep 9 1907,

and that death occurred, on the date stated above, at 3.53 a. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis
Uraemic poisoning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. B. Bunch M.D.

Address 828 N. Carrollton Ave

Date Sep 11 1907

Place of Burial Mount Olivet Cemetery

Date September 12 1907 190

Undertaker Armstrong Denny Co.

Address 715 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 4674 Registered No. B C 4674

45 K

CERTIFICATE OF DEATH.

(Place of Death.) No. 1325 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Marsden Etchison

{Residence, if in Baltimore, Give Street and Number.} 1325 W. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 26th 1851

AGE 55 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER Mailon Etchison

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Violetta Peddicord

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann E. Etchison

(Address) 1325 W Lombard st

Filed 9/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to Sept 11 1907

that I last saw h— alive on Sept 11 1907

and that death occurred, on the date stated above, at 1 P.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of

Bladder

Three months (DURATION) DAYS

Contributory (Primary.) Hæmaturia

(DURATION) DAYS

(Signed) J. E. Barnard M.D.

Address 1302 W. Lombard st

Date Sept 12 1907

Place of Burial London Park Cemetery

Date Sept 13 1907

Undertaker George J. Smith Co

Address 1001 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — C 4675 — Registered No. B C 4675

34 v

CERTIFICATE OF DEATH.

(Place of Death.) No. 1949 Harlem Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gloriana Smeak

{Residence, if in Baltimore, Give Street and Number.} 1949 Harlem Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 11th 1865

AGE: 42 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Smeak

(Address) 1949 W. Harlem Ave

Filed 9/12 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 10th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Sept 10 1907 that I last saw h Gr alive on Sept 10 1907, and that death occurred, on the date stated above, at 10: M. CAUSE OF DEATH (Secondary or Immediate)

Tubrc Hepaticae

(DURATION) 20 DAYS

Con tributory (Primary) Exhaustion

(DURATION) 10 DAYS

(Signed) August Horn M.D.

Address 40 E 25th St.

Date Sept 11th 1907

Place of Burial Druid Ridge

Date Sept 13th 1907

Undertaker Geo J Smith Co

Address 1000 N. Fayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — C 4676 — Registered No. B C 4676

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Willow St. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Lizzie Anderson

{Residence, if in Baltimore, Give Street and Number.} 812 Willow St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jos. H. Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary McMannimon

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Miller

(Address) 812 Willow St.

Filed 9/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10th 1907

I HEREBY CERTIFY, That I attended deceased from about Aug 1st 1907 to Sept 10th 1907

that I last saw her alive on Sept 10th 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate Cause)

1st Pulmonary Tuberculosis (DURATION) over 300 DAYS

Contributory (Primary.) 2d Cerebral Hemorrhage (DURATION) DAYS

(Signed) Geo Reynolds M.D.

Address 509 N. Charles St

Date Sept 11th 1907

Place of Burial Holy Cross

Date Sept. August 13, 1907.

Undertaker H. C. Weidefeld

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27

C 4677 Registered No. B C 4677

11-9

CERTIFICATE OF DEATH.

(Place of Death.) No. 709 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Stock

{Residence, if in Baltimore, Give Street and Number.} 709 S. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Feb. 17½ 1871
AGE	36 years, 6 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Mathias Schuck
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Wolf
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Store keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Stock

(Address) 709 S. Broadway

Filed 9/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Sept. 10 1907 that I last saw h-er alive on Sept. 10 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute uraemia

(DURATION) 1 DAY

Contributory (Primary.) Acute nephritis

(DURATION) 10 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Place

Date Sept. 11 1907

Place of Burial Holy Redeemer Cemetery

Date Sept. 18½ 1907

Undertaker Germanus Franz

Address 1 Banks & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name*, sex, [illegible] whether married or single) of the person deceased, and the *cause and date of death*.

C 4678

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4678.

City of Baltimore, (No. 906 Trinity St St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Kung

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. (Month) 9th (Day) 1906 (Year)

AGE: 1 years, 11 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Samuel Kung

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mark Richter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Kung

(Address) 906 Trinity St

Filed 9/12 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1907 to Sept. 12th 1907 that I last saw h*im* alive on Sept. 12th 1907, and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Heart failure due to Diphtheria

(DURATION) 3 DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) Augustine Palmisano M. D.

Sept. 12th 1907 (Address) 224 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Trinity St Cemetery | DATE OF BURIAL: Sept 12 1907

UNDERTAKER: Geo Lumbrecht & Son | ADDRESS: 647 N Paca

S. P. W.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 4679 Registered No. B C 4679

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Hartford Road - Green Lane St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Augusta Ittner

{ Residence, if in Baltimore, Give Street and Number. } Hartford Road - Green Lane

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Ittner

(Address) 1711 Eutaw Ave

Filed 9/12 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1907

I HEREBY CERTIFY, That I attended deceased from July 15 1907 to Sept 10th 1907 that I last saw her alive on Sept 10th 1907, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (Pulmonary Hemorrhage)

(DURATION) DAYS

Contributory (Primary.) Chronic Cystitis

(DURATION) DAYS

(Signed) F. W. Griffith M.D.

Address Johns Hopkins Hospital

Date September 11 1907.

Place of Burial Mt Carmel Cem

Date 9/13/07 190

Undertaker J Herring & Son

Address 2008 Eutaw St.

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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3

HEA

City of Baltimore,
(If death occurs away fr
USUAL RESIDENCE
give facts called for un
"Special Information.

PERSONAL AN

SEX Male

DATE OF BIRTH

AGE 1 years

SINGLE, MARRIED, WIDOWED, OR DIVORC

BIRTHPLACE (State or country)

FULL NAME OF FATHER San

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Ma

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PE
BEST OF MY KNOWLE

(Informant) San

(Address) 90

Filed 9/12 190 7

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 4680 Registered No. B C 4680

80

CERTIFICATE OF DEATH.

(Place of Death.) No. 2034 Druid Hill Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Frances Simmons

{Residence, if in Baltimore, Give Street and Number.} 2034 Druid Hill Av

Duration of Residence in Baltimore. 34 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: Robt Atwell.

BIRTHPLACE OF FATHER (State or country): Virginia.

MAIDEN NAME OF MOTHER: Frances Oliver.

BIRTHPLACE OF MOTHER (State or country): Virginia.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw B. Simmons

(Address) 2034 Druid Hill Av

Filed 9/12 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10th 1907

I HEREBY CERTIFY, That I attended deceased from 10th to 10th Sept 1907 to 10th Sept 1907 that I last saw her alive on 10th Sept 1907, and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary) Angina Pectoris

(DURATION) 1/2 DAYS

(Signed) Ed Raymond M.D.

Address 809 N Charles St

Date Sept 10th 1907

Place of Burial Loudon Park

Date Sept 13 1907

Undertaker Lewis Cook

Address 502 E Hoffman Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 47 — C 4681 — Registered No. B C 4681

1324

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Whalen

{ Residence, if in Baltimore, Give Street and Number. } East Neck Island, Maryland.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1881

AGE 25 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) East Neck Island Maryland

FULL NAME OF FATHER Wm Everett

BIRTHPLACE OF FATHER (State or country) Kent Co. Md

MAIDEN NAME OF MOTHER Kate Mavis

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Everett

(Address) Kent Co Md

Filed 9/12" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK,

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12th 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1907 to Sept 12th 1907

that I last saw her alive on Sept 12th 1907,

and that death occurred, on the date stated above, at 9.35 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Bi-lateral Salpingites —

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Bilateral Salpingitis (DURATION) DAYS

(Signed) R. E. Crawford M.D.

Address University Hospital

Date Sept 12 1907

Place of Burial Rock Hall Kent Co Md

Date Sept 13 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

To 1201 W Fayette st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

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HEALTH DEPARTMENT, City of Baltimore.

Ward V C 4682 Registered No. B C 4682

1040

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Rathgeber

{ Residence, if in Baltimore, Give Street and Number. } 735 S Bond st

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 1st 1827
AGE	80 years, 3 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Reppy

(Address) 735 S. Bond St.

Filed 9/12" 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Sept 9 1907

that I last saw h— alive on Sept 9 1907,

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Acute Intoxication

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date Sept 12 1907

Place of Burial Trinity Cem

Date Sept 12 1907

Undertaker HENRY SARDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Caton Avenue

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — C 4683 — Registered No. B C 4683

120V

CERTIFICATE OF DEATH.

(Place of Death.) No. 130 Little Pleasant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M Jackson

{ Residence, if in Baltimore, Give Street and Number. } 130 Little Pleasant St

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	24 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Mary Jackson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Warner

(Address) 900 St. Paul St.

Filed 9/12" 1907 — HARRY C. ANDREWS, Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 9 1907

I HEREBY CERTIFY, That I attended deceased from September 6 1907 to Sept 9th 1907

that I last saw her alive on Sept 8th 1907

and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease
Acute Rheumatism

(DURATION) 3 DAYS

Contributory (Primary) Heart

(DURATION) 3 DAYS

(Signed) Dr. W. M. Kemmash M.D.

Address 748 Ensor St

Date 9 - 10 - 1907

Place of Burial Laurel

Date Sept 12 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — C 4684 — Registered No. B C 4684

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Duffy

{ Residence, if in Baltimore, Give Street and Number. } 1117 Park Ave

Duration of Residence in Baltimore. 31 yrs in Balto, 15 yrs. Balto Co

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 17, 1860

AGE: 46 years, 8 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto, Md.

FULL NAME OF FATHER: Michael Duffy.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Farran

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Duffy.

(Address) 1117 Park Ave.

Filed 9/12" 1907 HARRY C. ANDREW Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30th 1907 to Sept 11th 1907

that I last saw him alive on Sept 11th 1907,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Consumption

2

Year or more (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. J. Mickwee and M.D.

Address 115 W Franklin St

Date Sept 12th 1907

Place of Burial Cathedral Cemetery

Date Sept. 12, 1907

Undertaker Henry W Mears & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, cause and date of death, condition** (whether married or single) of the person deceased, and the

HEALTH DEPARTMENT, City of Baltimore.

Ward V C 4685 Registered No. B C 4685

CERTIFICATE OF DEATH.

930

(Place of Death.) No. 837 S Bond St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Telogia Grochowska

{Residence, if in Baltimore, Give Street and Number.} 837 S Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Francisek Grochowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Magdalena Gardyza

BIRTHPLACE OF MOTHER (State or country): Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franciek Grochowski

(Address) 837 S Bond St

Filed 9/12" 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11 — 1907 to Sept 11 — 1907

that I last saw h — alive on " " 1907,

and that death occurred, on the date stated above, at 11 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia —

1 Week (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. C. Brune M.D.

Address 1713 Dock St

Date Sept 12/07 1907

Place of Burial St. Stanislaus

Date Sept. 13th 1907

Undertaker Jacob Tidelkoske

Address 428. S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 4686 Registered No. B C 4686

CERTIFICATE OF DEATH. 120 V

(Place of Death.) No. 1124 Ellwing St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robt. Jones

{Residence, if in Baltimore, Give Street and Number.} 1124 Ellwing St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Afro. Am

DATE OF BIRTH: 1862

AGE: 45 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adele Jones

(Address) 1124 Ellwing St.

Filed 9/12" 1907 HARRY C. AND Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11th 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1907 to Sept. 11th 1907

that I last saw h— alive on Sept 10th 1907

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uremia

10 hrs (DURATION) DAYS

Contributory (Primary.) Nephritis

Some months (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mod. Ave

Date Sept. 11th 1907.

Place of Burial Jones Cemetery

Date Sept 13 1907

Undertaker John H Ouenison

Address 1212 Druid St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 C 4687 Registered No. B C 4687

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 1135 Kirk St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elsie Wilson

{Residence, if in Baltimore, Give Street and Number.} 1135 Kirk St.

Duration of Residence in Baltimore. 6 mnths

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: ....years, 1 1/2 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Augustus Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore city

MAIDEN NAME OF MOTHER: Elizabeth Thomas

BIRTHPLACE OF MOTHER (State or country): Baltimore city

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Wilson (mother)

(Address) 1135 Kirk St.

Filed 9/12 190.... HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 10 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1907 to ....190....

that I last saw h.. alive on Sept. 7 1907;

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Conjunctival tuberculosis

(DURATION) DAYS

Contributory (Primary.) Lack of care

(DURATION) DAYS

(Signed) M. A. Mahris M.D.

Address 1711 Madison Ave.

Date Sept. 11 1907

Place of Burial Druid Cemetery

Date Sept 13 1907

Undertaker John Hommerson

Address 1212 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 4688 Registered No. B C 4688

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1742 Lydia St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Margaret Kobb

{ Residence, if in Baltimore, Give Street and Number. } 1742 Lydia St

Duration of Residence in Baltimore. ~~2~~ 50 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Jan 18th 1824
AGE	67 years, 8 months, days
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or couutry)	Germany
FULL NAME OF FATHER	Amberg
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. daughter

(Informant) Mrs Maggie Gastner

(Address) 1437 Patapsco st.

Filed 9/12" 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 11 1907

that I last saw h~~e~~r alive on Sept 11 1907

and that death occurred, on the date stated above, at 6:30

CAUSE OF DEATH (Secondary or Immediate.)

Senile debility

1 Years (DURATION) DAYS

Con~~t~~ributory (Primary.)

(DURATION) DAYS

(Signed) H. Hammon Cook M.D.

Address 188 Lydia St

Date Sept 12 1907

Place of Burial Holy Trinity

Date Sept 13 1907

Undertaker J. D. Stumbaugh

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179r

CERTIFICATE OF DEATH.

Registered No. B C 4689

City of Baltimore, (No. 1180, Granby St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Aggie Blumberg

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE — years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Lipe Blumberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosa Norman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Blumberg

(Address) 1180 Granby st

Filed Sept 13 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15th 1907 to Sept 12th 1907 that I last saw h.. alive on Sept 9th 1907, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Marasmus

Immed. mos. (DURATION) DAYS

Contributory Cystitis & Enteritis

(DURATION) 2 DAYS

(Signed) A. F. Rus M. D.

Sept 13th 1907 (Address) 2138 E. Bmg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Rosedale Cemet — DATE OF BURIAL Sept 13 1907

UNDERTAKER Max Levinson — ADDRESS 1620 McElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19r

CERTIFICATE OF DEATH.

C 4690

Registered No. B .....

City of Baltimore, (No. 415 W Hoffman St.; 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Winters

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 12 (Month) – 10 (Day) – 1828 (Year)

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Winters

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Anne McAdams

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kurne

(Address) 415 W Hoffman

Filed Sept 13 1907

HARRY O. ... REGISTRAR OF WILLS

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 11th 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1907 to Sept 11th 1907

that I last saw her alive on Sept 10th 1907,

and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

– Heart Disease –

(Mitral Valve affected)

Existed before she came under my treatment – (DURATION) ... DAYS

Contributory General Dropsy, sec. (DURATION) 200 DAYS

(Signed) C McPherson M. D.

190 (Address) 1408 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Sept 13 1907
UNDERTAKER	**ADDRESS**
John J Fahey	1232 William

1907 / 79 / 1828

1907 / 79 / 1828

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 4691 Registered No. B C 4691

CERTIFICATE OF DEATH. 1771

(Place of Death.) No. 1307 N. Mount ~~Ave~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George J Griffith

{Residence, if in Baltimore, Give Street and Number.} 1307 N. Mount ~~Ave~~ St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH August 24 1906

AGE 1 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Arthur E Griffith

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Anna Gross

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED (Baby)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Griffith

(Address) 1307 N Mount ~~Ave~~ St

Filed 9/13" 1907

HARRY C. ANDREWS
Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to July 10 1907 that I last saw h— alive on July 10 1907 and that death occurred, on the date stated above, at 9 A.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. C. Stonebraker M.D.

Address 3914 Eq. Ave

Date Sept 12-07 1907

Place of Burial New Cathedral

Date Sept 13th 1907

Undertaker H. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 4692 Registered No. B C 4692

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant's St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Cecil Hays

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): [redacted]

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/13 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from ....1900....to....1900....

that I last saw h....alive on....1900....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

[redacted]
Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P Marlin M.D.

Address 602 W Lafayette Ave

Date Sept 12 1907

Place of Burial New Cathedral

Date Sept. 12 1907

Undertaker Martin Kafey & Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 4693 Registered No. B C 4693

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Kate Smith

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: years, 1 months, 17 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED:	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/13" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address

Date Sept 12 1907

Place of Burial Our Cathedral

Date Sept. 12 1907

Undertaker Martin Kahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 4694 — Registered No. B C 4694

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf Asl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Casey

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: ..... years, ... months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/13" 1907 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ... 190 ...

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R Martin M.D.

Address .....

Date Sept 12 1907

Place of Burial New Cathedral

Date Sept. 12 1907

Undertaker Martin Fahey & Son

Address 626 Lafayette Ave. Lafayette.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 4695 Registered No. B C 4695

CERTIFICATE OF DEATH.

15 1 V

(Place of Death.) No. 1618 Marshall St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Laura Smith

{Residence, if in Baltimore, Give Street and Number.} 1619 Marshall St. Baltimore Md.

Duration of Residence in Baltimore. all its her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 21 VII 1907

AGE: ..... years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: baby

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michal Smith

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Griffe.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary Smith

(Address) 1619 Marshall St

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 IX 1907

I HEREBY CERTIFY, That I attended deceased from 12 VIII 1907 to 12 IX 1907 that I last saw h[er] alive on 12 IX 1907, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.) Congenital Weakness.

(DURATION) DAYS

(Signed) Henrietta M. Thomas M.D.

Address 115 W Bam St. Balto.

Date 12 IX 1907

Place of Burial Western Cemetery

Date Sept 14 22 1907

Undertaker Mr & Mrs John W. Teufel

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

C 4696

Registered No. B C 4696

CERTIFICATE OF DEATH. (Scott court No. 2) 151

(Place of Death.) No. 416 Shotts Court. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo Brinkney

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: C
DATE OF BIRTH: 1	
AGE: years, 1 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/12 1907

HENRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1907

I HEREBY CERTIFY, That I attended deceased from a Corner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Premature delivery Birth

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R Martin M.D.

Address

Date Sept 11 1907

Place of Burial COLLEGE OF P. & S.

Date SEP 11 1907 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

11
2

Ward 17 C 4697 Registered No. B C 4697

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1132 Wilson alley St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Wm. H. Lynn

{Residence, if in Baltimore, Give Street and Number.} 1132 Wilson al.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: April 18th 1907

AGE: ....years, 4 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. Lynn

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Rachel Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Brown

(Address) 1044 Shields al.

Filed 9/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10th 1907

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at....

....11. CAUSE OF DEATH (Secondary or Immediate.)

Meningitis

from birth (DURATION) .... DAYS

Con'tributory (Primary.)

(DURATION) .... DAYS

(Signed) Wm. Barton M.D.

Address 710 Lafayette av. (Corner)

Date Sept. 11th 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date Sept 12 1907

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

21

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

164 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4698

City of Baltimore, (No. 711, Harlem Av. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophie Becker,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 15 (Day) 1822 (Year)

AGE: 85 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Friedrich Ortwon

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sarah Schrogers

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lydia Eigenbrodt

(Address)

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 11th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1907 to Sept 11th 1907

that I last saw h alive on Sept 11th 1907,

and that death occurred, on the date stated above, at 4.00 P. M. The CAUSE OF DEATH was as follows:

Fracture of the neck of the femur (left side)

(DURATION) 41 DAYS

Contributory Debility of old age

(DURATION) 41 DAYS

(Signed) Charles Gelb M. D.

Sept 12th 1907 (Address) 1111 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Gordon Park cemetery	Sept 14 1907
UNDERTAKER	ADDRESS
Wilbur W. Skinner	816 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C 4699 Registered No. B C 4699

CERTIFICATE OF DEATH.

15 IV

(Place of Death.) No. 1236 Stockholm st. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Norman L French

{ Residence, if in Baltimore, Give Street and Number. } 1236 Stockholm st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: August 3 1907	
AGE: — years, 1 months, 11 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Harry L French
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	Lulu Valentine
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry L French

(Address) 1236 Stockholm st.

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Sept 12 1907

that I last saw him alive on Sept 12 1907.

and that death occurred, on the date stated above, at 7:10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

1 week (DURATION) DAYS

Con'tributory (Primary.) asthenia (DURATION) 2 DAYS

(Signed) Jos E. Ivens M.D.

Address 855 Columbia Ave

Date Sept 12 1907

Place of Burial Trinity Cemetery

Date Sept 13 1907

Undertaker Geo. J. Smith & Co

Address 1000 E. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 4700

Ward 3 C 4700 Registered No. B C 4700

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1613 Bank St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Rebecka Albert

{ Residence, if in Baltimore, Give Street and Number. } 1613 Bank st

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Solomon Albert

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Nessie Stincofsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Meyer Albert

(Address) 1613 Bank st

Filed 9/13 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 = 1907

I HEREBY CERTIFY, That I attended deceased from —— 190 to —— 190

that I last saw h— alive on —— 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sudler Comm M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Pinedale Cemetery

Date Sept 14 190 7

Undertaker Mat. Levinson

Address 620 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 16 C 4701 Registered No. B C 4701

CERTIFICATE OF DEATH.

(Place of Death.) No. 876 W Lombard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary A. Cook

{ Residence, if in Baltimore, Give Street and Number. } 876 W Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 3 1827

AGE 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltic County

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) Baltic Co

MAIDEN NAME OF MOTHER Mary A Reynolds

BIRTHPLACE OF MOTHER (State or country) Baltic

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jamie C Billmire

(Address) 876 W. Lombard St

Filed 9/13 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 10 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Sept 10 1907

that I last saw h er alive on Sept 9 1907,

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arterio-Sclerosis

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) James Bosley M.D.
Per M. S. Smith

Address 1701 W Lexington St

Date Sept 12 1907

Place of Burial Greenmount cemetery

Date Sept 13th 1907

Undertaker Robt Brookerson

Address 17 S. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 4702 Registered No. B C 4702

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1122 Barclay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Green

{Residence, if in Baltimore, Give Street and Number.} 1122 Barclay St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 20 1881

AGE: 26 years, — months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Horace A. Green

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary Hannaway

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hannaway

(Address) 1122 Barclay St.

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 th 1907

I HEREBY CERTIFY, That I attended deceased from March 16 th 1907 to Sept 11 th 1907

that I last saw him alive on Sept 11 th 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Edward M. C. Parker M.D.

Address 1057 Augusta St

Date Sept 12 th 1907

Place of Burial Holy Cross

Date Sept. 14, 1907. 190

Undertaker H. C. Hirdfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 C 4703 Registered No. B C 4703

CERTIFICATE OF DEATH. 106 V

(Place of Death.) No. 229 W. Hamilton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriett. Ballard

{Residence, if in Baltimore, Give Street and Number.} 229 W. Hamilton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX — Fem	COLOR Col
DATE OF BIRTH	1867
AGE 50 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	James Ballard
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Eliza E. Diggs
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza E. Lynn

(Address) 229 W. Hamilton St

Filed 9/13 1907 HARRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 11 1907

that I last saw her alive on Sept 10 1907

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 3 DAYS

Con'ributory (Primary.) Heart failure

(DURATION) 3 DAYS

(Signed) A. F. Force M. D.

Address 713 S. Sharp St

Date Sept. 12 1907

Place of Burial Loyd. Cem

Date September 13 1907

Undertaker Wm. H. Baer Est

Address 1011 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C 4704 Registered No. B C 4704

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 552 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip P. Pitcher

{Residence, if in Baltimore, Give Street and Number.} 552 W. Barre St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January

AGE: 60 years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thos C Pitcher

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie S Linthicum

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Pitcher

(Address) 552 W. Barre st

Filed 9/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1907 to Sept. 11, 1907 that I last saw h alive on Sept. 10, 1907, and that death occurred, on the date stated above, at 12-12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) Two yrs

(Signed) J. H. Lumpkins M.D.

Address 653 Columbia Ave

Date Sept. 13, 1907

Place of Burial Cedar Hill

Date Sept. 13th 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 4705 Registered No. B C 4705

CERTIFICATE OF DEATH.

120V

(Place of Death.) No. 419 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta V. Groh

{Residence, if in Baltimore, Give Street and Number.} 419 Forest St.

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: Frederick Stull

BIRTHPLACE OF FATHER (State or country): Frederick Co. Md.

MAIDEN NAME OF MOTHER: Rebecca Holtz

BIRTHPLACE OF MOTHER (State or country): Frederick Co. Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Groh

(Address) 419 Forest St

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Sept 11th 1907 that I last saw h[illegible] alive on Sept 11th 1907, and that death occurred, on the date stated above, at 1 a m. CAUSE OF DEATH (Secondary or Immediate) Chronic Parenchymatous Nephritis + General Anasarca

(DURATION) 437 DAYS

Contributory (Primary.) Hemiplegia of right side (DURATION) 7 DAYS

(Signed) Edward Andrews M.D.

Address 2 of Amyand

Date Sept 12th 1907

Place of Burial Baltimore Cemetery

Date Sept. 15 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B C 4706

C 4706

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1102 Burgundy Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno Snyder

{Residence, if in Baltimore, Give Street and Number.} 1102 Burgundy Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jacob Snyder

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hermina Higdon

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Snyder

(Address) 1112 Burgundy Alley

Filed 9/13 1907

HENRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

II. CAUSE OF DEATH (Secondary or Immediate)

Mara. mus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin (M.D.)

Address Coroner

Date Sept 13 1907

Place of Burial Cedar Hill

Date Sept 13 1907

Undertaker Josiah Sifter

Address 1600 N Gilmore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 C 4707 Registered No. B C 4707

CERTIFICATE OF DEATH.

(Place of Death.) No. 1914 Argyle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Marshall

{ Residence, if in Baltimore, Give Street and Number. } No. 1914 Argyle Street.

Duration of Residence in Baltimore. Six years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: March 6, 1896

AGE: 11 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Frank Marshall

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Julia Patterson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Marshall

(Address) 1914 Argyle St

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 11, 1907.

I HEREBY CERTIFY, That I attended deceased from Aug 30, 1907 to Sept 11, 1907 that I last saw him alive on Sept 10, 1907, and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

Several weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Elwell, M.D.

Address 1741 Harlem Ave

Date September 12, 1907

Place of Burial Laurel

Date Sept 13 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 4708 Registered No. B C 4708

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 217 Taylors Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Madden

{Residence, if in Baltimore, Give Street and Number.} 217 Taylors Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richard Maddin

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Willie Chase

BIRTHPLACE OF MOTHER (State or country): Cambridge Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Willie Maddin

(Address) 217 Taylors Court

Filed 9/13/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11 1907 to Sept 11 1907

that I last saw h... alive on Sept 11 1907,

and that death occurred, on the date stated above, at 10.5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ... DAYS

Contributory (Primary.) Marasmus

(DURATION) ... DAYS

(Signed) John Otto M.D.

Address Balt Eastern Dispy

Date Sept 13 1907

Place of Burial Loudon Cemetary

Date Sept 13 1907

Undertaker John W Henderson

Address 21 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

C 4709

Ward 5 C 4709 Registered No. B .....

CERTIFICATE OF DEATH.

1790

(Place of Death.) No. 611 Sterling St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Concetta Guarino -

{ Residence, if in Baltimore, Give Street and Number. } 611 Sterling St -

Duration of Residence in Baltimore. Life time -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH March 18th 1907

AGE 5 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Singlee

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Antonino Guarino.

BIRTHPLACE OF FATHER (State or country) Italy -

MAIDEN NAME OF MOTHER Concetta Russo.

BIRTHPLACE OF MOTHER (State or country) Italy -

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Antonino Guarino

(Address) 611 Sterling St.

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 - 12 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug - 12th 1907 to Sept 12th 1907 that I last saw h[illegible] alive on Sept 12th 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure -

(DURATION) — DAYS

Contributory (Primary.) Marasmus (Inanition) (DURATION) 4 mo DAYS

(Signed) S. D'Amanno M.D.

Address 160 S Gilmor ave

Date Sept. 13 - 1907

Place of Burial St Vincents Cemetery

Date Sept 13th 1907

Undertaker Germanus Tirance

Address Bank & Wolfe sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4710

179 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4710

City of Baltimore, (No. 2031 E. Biddle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Violanette Coy

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH April 15th 1907
(Month) (Day) (Year)

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Richard R. McCoy

BIRTHPLACE OF FATHER (State or country) Wilmington, N. C.

MAIDEN NAME OF MOTHER Lola Muse

BIRTHPLACE OF MOTHER (State or country) Middlesex Co. Va.

OCCUPATION OF DECEASED ?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard R. McCoy

(Address) 2031 E. Biddle St

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1907 to Sept 12 1907

that I last saw h-- alive on 12 Sept 1907,

and that death occurred, on the date stated above, at 5.50 P. M. The CAUSE OF DEATH was as follows:

Marasmus

One month (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) G. W. Simpson M. D.

Sept. 12 1907 (Address) 926 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Laurel — DATE OF BURIAL Sept. 15 1907

UNDERTAKER J. T. Elliott — ADDRESS 511 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4711

City of Baltimore, (No. 213 N Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Palmer

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	Aug (Month) 25 (Day) 1906 (Year)
AGE	1 years, — months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Walter Lepold.
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Palmer
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Palmer

(Address) 213 N. Bruce St

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Sept 13 1907

that I last saw h~~im~~ alive on Sept 13 1907,

and that death occurred, on the date stated above, at 7.30 a. m. The CAUSE OF DEATH was as follows:

Teething & Rachitis

(DURATION) 20 DAYS

Contributory Asthenia

(DURATION) DAYS

(Signed) W E Byers M. D.

Sept 13 1907 (Address) 1705 E Lexington

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept 14 1907
UNDERTAKER Penniman	ADDRESS 578 N Bridle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 4712 Registered No. B C 4712

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1800 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard D. Harding

{Residence, if in Baltimore, Give Street and Number.} 1800 Eastern ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 22nd 1906
AGE	1 years, 2 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Frederick J. Harding
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Ester M. Tyrrell
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard D. Harding

(Address) 1800 Eastern ave.

Filed 9/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept - 11 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Sept 11 1907

that I last saw h— alive on Sept 10 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

3 wks. (DURATION) DAYS

Con'ributory (Primary.) Acute Nephritis

Convulsions (DURATION) 7 DAYS

(Signed) [illegible] M.D.

Address 1713 Dek St

Date Sept 11 1907

Place of Burial Int. Oak Hill Cem.

Date Sept. 13th 1907

Undertaker Jno A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 4713 Registered No. B C 4713

CERTIFICATE OF DEATH.

93K

(Place of Death.) No. 829 Harmony Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Comnisk

{Residence, if in Baltimore, Give Street and Number.} 829 Harmony Lane

Duration of Residence in Baltimore. 37 days

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH Aug 5 07

AGE ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Batsin

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Eva Comnisk

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Comnisk

(Address) 629 Harmony Lane

Filed 9/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5th 1907 to Sept 12th 1907

that I last saw h.. alive on Sept 9th 1907

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 4 DAYS

Con'ributory (Primary.) /

(DURATION) DAYS

(Signed) H. W. Harbaugh M.D.

Address 622 W. Lombard St.

Date Sept 12th 1907

Place of Burial Mt. Auburn Cem.

Date Sept. 13 1907

Undertaker John F. Toadvine

Address 1142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 4714 Registered No. B C 4714

9 21

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Angela Moffit

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F	COLOR: W
DATE OF BIRTH: 1	
AGE: years, 11 months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 9/13 1907 JAMES C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 190 to Sept 12 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchs Pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R F Martin M.D.

Address

Date Sept 12 1907

Place of Burial New Cathedral

Date Sept. 13 1907

Undertaker Martin Fahey Jr Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4715 Registered No. B C 4715

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 Melrose ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie M Boswell

{Residence, if in Baltimore, Give Street and Number.} 702 Melrose ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Green

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lillian Bennett

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Miss Lillian Boswell

(Address) 702 Melrose Ave

Filed 9/13 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Sept 12 1907

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

Life (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B F Mann M.D.

Address

Date Sept 13 1907

Place of Burial Mt. Auburn Cemetery

Date Sept. 13. 1907

Undertaker Felix B. Pye

Address 102 E. Hillsberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — C 4716 — Registered No. B C 4716

281

CERTIFICATE OF DEATH.

(Place of Death.) No. 1829 Harford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie M Jones

{Residence, if in Baltimore, Give Street and Number.} 1829 Harford ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 13th 1904

AGE: 3 years, 7 months, 30 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Riley Jones

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Katie Hartman

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Riley Jones Father

(Address) 1829 Harford ave

Filed 9/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1907 to Sept 12, 1907 that I last saw her alive on Sept 12, 1907, and that death occurred, on the date stated above, at 11.50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculous Meningitis

(DURATION) 7 DAYS

Contributory (Primary.) Tuberculous Abscess of Hip (DURATION) several months DAYS

(Signed) R. R. Elwell M.D.

Address 1741 Harford ave

Date September 12, 1907

Place of Burial Baltimore Cemetary

Date September 15th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4717 Registered No. B C 4717

CERTIFICATE OF DEATH. 191

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Wolfel

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: July 25th 1824

AGE: 83 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Herrman Weinberg

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Catharina Weinberg

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 9/13 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 12th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Sept 9 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocardial degeneration

Unknown (DURATION) DAYS.

Contributory (Primary) Dropsy

Unknown (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Sept 13 1907

Place of Burial Loudon Park

Date Sept 14 1907

Undertaker C. C. Medefield

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4718 Registered No. B C 4718

146 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Steel

{ Residence, if in Baltimore, Give Street and Number. } 252 S Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Rosa Steel

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Steel

(Address) 252 S Bethel St

Filed 9/13 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 9 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 9 1907

that I last saw h e alive on Sept 9 1907,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Rhachitis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) F. Wells Griffith M.D.

Address Johns Hopkins Hospital

Date Sept 11 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 13 1907 190

Undertaker Commissioner Health

Address Health Dept.

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

#212

Ward 17 C 4719 Registered No. B C 4719

CERTIFICATE OF DEATH.

(Place of Death.) No. 2805 Remington Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Bernard P. & Hellen G. Nash

{Residence, if in Baltimore, Give Street and Number.} 2805 Remington Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col'd

DATE OF BIRTH: Sept 13 1907

AGE: ..... years, ... months, 3 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Bernard P. Nash

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hellen G. Brooks

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard P. Nash

(Address) 2805 Remington Ave

Filed 9/13 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 13 1907

that I last saw him alive on Sept 13 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

3 hrs (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 25th St.

Date Sept 13th 1907

Place of Burial Mt. Auburn Cem

Date September 14th 1907

Undertaker Sam'l E. Chesseman

Address 1011 N. Calhoun St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 4720 Registered No. B C 4720

CERTIFICATE OF DEATH.

(Place of Death.) No. 615. N. Calvert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J. C. Wales

{ Residence, if in Baltimore, Give Street and Number. } 615. N. Calvert St

Duration of Residence in Baltimore. 31 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 29th 1824

AGE 82 years, 8 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co. Md

FULL NAME OF FATHER Skelton R. Price

BIRTHPLACE OF FATHER (State or country) Balto Co. Md.

MAIDEN NAME OF MOTHER Ruth Richardson

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Nellie C. Hale

(Address) 615. N. Calvert St

Filed 9/13/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12th 1907

I HEREBY CERTIFY, That I attended deceased from June 1907 to Sept 12 1907

that I last saw her alive on Sept 11th 1907,

and that death occurred, on the date stated above, at 3.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis & Lungs

Inflammation of Lungs

(DURATION) 5 DAYS

Contributory (Primary.) Bronchitis

4 years (DURATION) DAYS

(Signed) J K Arnold M.D.

Address 8 W Madison

Date Sept 12 1907

Place of Burial Baltimore City Balto Co. Md

Date Sept 14th 1907

Undertaker G. F. Walker

Address 728. W. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4721

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

Registered No. B C 4721

City of Baltimore, (No. 1216, Peabody St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Stokes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ____ (Month) 1 (Day) Year)

AGE: 3 years, 12 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William B Stokes

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Bettie E Stokes

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cuinke Peter St Knight

(Address) 123 Peabody St

Filed 9/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 12th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1907 to Sept 12th 1907 that I last saw living alive on Sept 10th 1907, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Pneumonia Lobar
Contributory Cerebral Meningitis (DURATION) 7 DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) W. Fales White M. D.

(Address) 1101 E Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 14 1907

UNDERTAKER: Robert A Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 4722 Registered No. B C 4722

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas J. Wilson

{ Residence, if in Baltimore, Give Street and Number. } Bay View 865 Linden Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	Col.
DATE OF BIRTH	1
AGE	24 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 9/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 11 1907

I HEREBY CERTIFY, That I attended deceased from Aug 2-3 1907 to Sept. 11 1907

that I last saw h-- alive on Sept 11 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Sept. 11 1907

Place of Burial Laurel

Date Sept. 14 1907

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 18 — Registered No. B C 4723

C 4723

CERTIFICATE OF DEATH.

(Place of Death.) No. 114 S. Stockton St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Wesley Brown

{ Residence, if in Baltimore, Give Street and Number. } 114 S. Stockton

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Brown Sr

(Address) 114 S. Stockton

Filed 9/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible]

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) DAYS

Contributory (Primary) Cyanide

(DURATION) DAYS

(Signed) Frank Jones M.D.

Address [illegible]

Date Sept 11 1907

Place of Burial Mt Lyon Cemetery

Date Sept 15 1907

Undertaker R. St. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 4724 Registered No. B C 4724

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Carberry

{ Residence, if in Baltimore, Give Street and Number. } Bay View,

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 65 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Philip Carberry	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Liza Dorsey	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Saloon.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemuel Hollyday, Sept.

(Address) BAY VIEW ASYLUM

Filed 9/14 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1907 to Sept. 12 1907 that I last saw him alive on Sept. 12 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) ..... DAYS

Contributory (Primary.) Nephritis.

Endocarditis (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View.

Date Sept. 12 1907

Place of Burial St Peters

Date Sept. 14th 1907

Undertaker Clarence O. Wright

Address 1364 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

C 4725 Registered No. B C 4725

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Bet Eutaw Conway & Mc University Hosp. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Gessrein

{Residence, if in Baltimore, Give Street and Number.} 1621 Beet ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: 1868

AGE: aet 39 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baden

FULL NAME OF FATHER: Chas Fred Gessrein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sallie Schuettes

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Gessrein

(Address) 1621 Belt ave.

Filed 9/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 13 1907

I HEREBY CERTIFY, That I attended deceased from as above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Fracture of skull - base

Fall through Elevator Shaft (DURATION) 5 Mins

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Mallon M.D.

Address Same

Date Sept 13 1907

Place of Burial Cedar Hill

Date Sept 190

Undertaker Jos. Stumbrick

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4726

City of Baltimore, (No. 920 Appleton St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna H. Joy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. (Month) 10 (Day) 1870 (Year)

AGE: 31 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St. Mary's Co. Md

FULL NAME OF FATHER: James S. Joy

BIRTHPLACE OF FATHER (State or country): St. Mary's Co. Md

MAIDEN NAME OF MOTHER: Mary E. Hayden

BIRTHPLACE OF MOTHER (State or country): St. Mary's Co. Md.

OCCUPATION OF DECEASED: Seamstress 5 yr. ago

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. S. Joy, Jr.

(Address) 920 Appleton St.

Filed 9/14 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6, 1907 to Sept 12 1907 that I last saw h-er alive on " 12 1907, and that death occurred, on the date stated above, at 10-15 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis: About 4 yrs. The last illness one week (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J. V. Downes M. D.

Sept. 13 1907. (Address) 1617 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Joy Chapel St Mary's Co Md | DATE OF BURIAL: Sept. 15th 1907

UNDERTAKER: Robt Brooks & Son | ADDRESS: Calhoun & Hollins sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V1 C 4727 Registered No. B C 4727

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Steffenson

{Residence, if in Baltimore, Give Street and Number.} 1643 Thames St Balto

Duration of Residence in Baltimore. Nine months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 12 1871

AGE: 36 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hoff

(Address) 1643 Thames St.

Filed 9/14 1907

HARRY C. ANDERSON, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 12 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 12 1907 that I last saw him alive on Sept 12 1907, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Perforation
Ed Peritonitis

Two Hours (DURATION) ~~DAYS~~

Contributory (Primary.) Typhoid Fever

about 4 weeks (DURATION) ~~DAYS~~

(Signed) J. J. O'Connor M.D.

Address St Joseph Hospital

Date Sept 13 1907

Place of Burial Mt. Carmel Cemetery

Date Sept. 14 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue,
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 4728 Registered No. B C 4728

106 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 S. Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J. Werner

{Residence, if in Baltimore, Give Street and Number.} 14 S. Payson

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna B Werner

(Address) 14 S. Payson St.

Filed 9/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 12 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to Sept 12 1907

that I last saw h— alive on Sept 11 1907

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of the Brain

Contributory (Primary.) Chronic Gastritis (DURATION) 6 DAYS

(DURATION) 10 DAYS

(Signed) Harry Boyle M.D.

Address 617 Cathedral

Date Sept 12 1907

Place of Burial Loudon Park Cemetery

Date September 15 Th 1907

Undertaker J. Williams Son

Address 502 E. North Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4729 Registered No. B C 4729

CERTIFICATE OF DEATH.

1741

(Place of Death.) No. 24 Lazeretto Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margt J. Boden

{ Residence, if in Baltimore, Give Street and Number. 1535 E. Monument

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH Apr. 18 1831

AGE 76 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Francis Boden

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Jane McGill

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Boyce dft.

(Address) 1535 E. Monument St.

Filed 9/14 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4 a m.

I. CAUSE OF DEATH (Secondary or Immediate)

Gas Asphyxia

Accd

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carrollton M.D.

Address Coroners Office

Date Sept 13 1907

Place of Burial Balto. Cemetery

Date Sept. 15 1907

Undertaker H. E. Tulley

Address 807 Ridgely St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 4730

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1067

CERTIFICATE OF DEATH.

Registered No. B C 4730

City of Baltimore, (No. 1016, E. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hugh H. Ramsay.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. (Month) 11 (Day) 1826 (Year)

AGE 81 years, 7 months, 2 days

~~SINGLE~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Della Pa

FULL NAME OF FATHER Robert Ramsay

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Jane Whiteford

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Grace P. Whiteford

(Address) 1016 E. Biddle St

Filed 9/14 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 13th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1907 to Sept 13th 1907 that I last saw h in alive on Sept. 11th 1907, and that death occurred, on the date stated above, at 3.50 P.M. The CAUSE OF DEATH was as follows:

Exhaustion. Old age.

Hypostatic Pneumonia (DURATION) 2 DAYS

Contributory Diarrhoea (DURATION) 14 DAYS

(Signed) Chas. E. Buck M. D.

Sept. 13th 1907 (Address) 720 E. 20th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Louden Park | DATE OF BURIAL Sept 16 1907

UNDERTAKER Jos B. Cook. | ADDRESS 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V C 4731 Registered No. B C 4731

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Kraft

{Residence, if in Baltimore, Give Street and Number.} 1112 Carroll

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Feb 28 1853

AGE 54 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Peter Kraft

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Amelia Goldsmith

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [redacted] Louisa

(Address) 1112 Carroll

Filed 9/14 1907 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 11 1907

I HEREBY CERTIFY, That I attended deceased from Aug 26 1907 to Sept 11 1907 that I last saw h alive on Sept 10 1907, and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) 10 DAYS

(Signed) [redacted] M.D.

Address 51 Lanvale

Date Sept 12 1907

Place of Burial Western Cem

Date September 14 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 Registered No. B C 4732

C 4732

CERTIFICATE OF DEATH.

(Place of Death.) No. 120 S. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Reed

{Residence, if in Baltimore, Give Street and Number.} 120 S. Schroeder

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 11th 1907

AGE — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John Reed

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Whalen

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Reed

(Address) 120 S. Schroeder

Filed 9/14 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11 1907 to Sept 14th 1907

that I last saw her alive on Sept 13th 1907,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

One day (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. F. Michaelis M.D.

Address 115 N Franklin

Date Sept 14 1907

Place of Burial St Peters Cem

Date September 14 1907

Undertaker Jos 3 Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

424

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4733

City of Baltimore, (No. 1002, Harford ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Gruner

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: Oct (Month) 30 (Day) 1867 (Year)

AGE: 39 years, 10 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): America

FULL NAME OF FATHER: Jerome Lyddard

BIRTHPLACE OF FATHER (State or country): America

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Gruner

(Address) 1002 Harford ave

Filed 9/14 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 12 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Sept 13 1907 that I last saw her alive on Sept 12 1907, and that death occurred, on the date stated above, at 8 a. m. The CAUSE OF DEATH was as follows:

Carcinoma of Uterus

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) James M Kenton M. D.

Sept 13 1907 (Address) 720 E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Louden Park

DATE OF BURIAL: Sept 15 1907

UNDERTAKER: Kruder & Sipple

ADDRESS: 330 S Bond

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 C 4734 Registered No. B C 4734

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Carroll St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Hook

{Residence, if in Baltimore, Give Street and Number.} 1404 Carroll Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 10 1907

AGE: 1 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas H Hook

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Leona Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Hook

(Address) 1404 Carroll St

Filed 9/14 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 13 1907

that I last saw h[illegible] alive on Sept 13 1907

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Diarrhea + Enteritis

(DURATION) 7 DAYS

Con'tributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Jos. E Imms M.D.

Address 855 Columbia Ave

Date Sept 14 1907

Place of Burial Hooks Burying Ground Mt Washington Balto Co

Date Sept 16 1907

Undertaker Chas E Francis

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 4735 Registered No. B C 4735 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1002 Plum Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Ellen Fisher

{ Residence, if in Baltimore, Give Street and Number. } 1002 Plum Alley

Duration of Residence in Baltimore. all her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 14 II 1907

AGE: ..... years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: baby

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John H. Mossey

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Sarah Fisher

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Fisher

(Address) 1002 plum alley

Filed 9/14 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 IX 1907

I HEREBY CERTIFY, That I attended deceased from 10 IX 1907 to [illegible] at [illegible] o'clock p.m. that I last saw her alive on 10 IX 1907, and that death occurred, on the date stated above, at 5.30 p.m. CAUSE OF DEATH (Secondary or Immediate)

Summer complaint

4 Weeks, (DURATION) (28 DAYS)

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henrietta M. Thomas M.D.

Address 115 W Bam St

Date 12 IX 1907

Place of Burial Laurel cemetery

Date Sept 14 1907

Undertaker Geo H Hooper

Address 609 Little Pacific

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4736

Ward 17 Registered No. B

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 419 Glen Ea Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Evangelia

{ Residence, if in Baltimore, Give Street and Number. } 1419 Glen Ea Ave

C 4736

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 9th 1906

AGE: 1 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Jos. Evangelia

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Rhoda Groat

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jos Evangelia

(Address) 419 Glendower Ave

Filed Sept 14, 1907 HARRY C. ARMANS, REGISTER OF WILLS. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 14 1907

that I last saw him alive on Sept 14 1907

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 day

Contributory (Primary.) Intestinal Indigestion (DURATION) 6 DAYS

(Signed) L. A Richardson M.D.

Address 112 W. 25th St.

Date Sept. 14 1907

Place of Burial Holly Cross

Date Sept 15 1907

Undertaker J S Marshall

Address 3559 Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B C 4737

CERTIFICATE OF DEATH.

28 V

(Place of Death.) No. 728 Courtney St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Blake

{Residence, if in Baltimore, Give Street and Number.} 728 Courtney St

C 4737

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —

1

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Martha Blake

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 728 Courtney St

Filed 9/14/07 1907

HARRY C. ANDREWS, Permit Clerk. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13, 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1907 to Sept 13 1907

that I last saw h alive on Sept 13 1907,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculus Meningitis

(DURATION) 24 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 4 DAYS

(Signed) P. Eilly M.D.

Address 207 Lemmel St

Date Sept 14, 1907

Place of Burial Laural Cem

Date Sept-14 1907

Undertaker Robert A Elliott

Address 506 Roper.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B C 4738

CERTIFICATE OF DEATH.

94 V

(Place of Death.) No. 147 W. Hennetta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgianna Bundy

{Residence, if in Baltimore, Give Street and Number.} 147 W. Hennetta St.

Duration of Residence in Baltimore. Life

C 4738

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Isaac Stokely.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Farage

(Address) 147 W. Henrietta St

Filed Sept 14 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 13 1907

that I last saw her alive on Sept 13 1907

and that death occurred, on the date stated above, at 7.35 M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy

(DURATION) 13 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 13 DAYS

(Signed) C. H. Frame M.D.

Address 712 S Bond St

Date Sept 14 1907

Place of Burial Mt. Auburn Cem.

Date Sept. 15 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 20 — Registered No. B C 4739

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 114 Seldner Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessie Smith

{Residence, if in Baltimore, Give Street and Number.} 114 Seldon Place

Duration of Residence in Baltimore. 7 months C 4739

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Feb 16 1907

AGE: — years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert Smith

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Jennie Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Sharp

(Address) 114 Seldon Place

Filed Sept 16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Sait

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-13-1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Sept-13 1907 that I last saw him alive on Sept-12 1907, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) two DAYS

Contributory (Primary.) Enteritis

(DURATION) two DAYS

(Signed) F. A. Carpenter M.D.

Address Madison Ave & Bloom 5th

Date Sept-14 1907 ✓

Place of Burial Mt Auburn Cem

Date Sept 14 1907

Undertaker John H. Deadrick

Address 142 W. Hill St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 47

Registered No. B C 4740

150 A

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clementina Illyna —

{ Residence, if in Baltimore, Give Street and Number. } City Hospital.

C 4740

Duration of Residence in Baltimore. 7 days —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 18th 1905

AGE: 2 1/2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Germany —

FULL NAME OF FATHER: Unknown —

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Child —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Schumacher & Co.

(Address) 5 E. Gay St.

Filed 9/14/07 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Sept 13 1907 that I last saw her alive on Sept 13 1907, and that death occurred, on the date stated above, at 5-30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Hydrocephalus —

(DURATION) 2 1/2 Days

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) R. W. Baker M.D.

Address City Hospital.

Date Sept. 14 — 1907

Place of Burial 1st Evangelical Cem.

Date Sept. 14th 1907

Undertaker H. Randolph Lamb

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — C 4741 — Registered No. B C 4741

43V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2225 Preston Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Shuttle

{Residence, if in Baltimore, Give Street and Number.} 2225 Preston Place.

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 26 1860

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schettle

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Maria Schock

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Shettle

(Address) 2225 Preston Place

Filed 9/14 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 13th 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 24th 1906 to Sept 13th 1907 that I last saw h[illegible] alive on [illegible] 1907, and that death occurred, on the date stated above, at 10:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia and Exhaustion

(DURATION) 8 DAYS

Contributory (Primary.) Carcinoma of Breast (DURATION) 2 Yrs

(Signed) Albert G. Ingraham M.D.

Address 1202 N. Patterson Park Ave.

Date September 14th 1907

Place of Burial Baltimore Cemetery

Date Sep. 14 1907

Undertaker R J Turner.

Address Broadway & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 22 C 4742 Registered No. B C 4742

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 822 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph E. Schultz

{Residence, if in Baltimore, Give Street and Number.} 822 S Eutaw St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 3 1906

AGE ... years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edward M. Schultz

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Emma Grossman

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Schultz

(Address) 822 S Eutaw St

Filed 9/14 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

Dr Greenfield

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 13 1907

that I last saw h... alive on Sept 12 1907,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastritis

(DURATION) 13 DAYS

Contributory (Primary.) Enteritis

(DURATION) 1 DAYS

(Signed) Edward Greenfield M.D.

Address 517 Lenox

Date Sept 14 1907

Place of Burial Loudon Park

Date Sept 15 1907

Undertaker W. J. Dickman Son

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 4743 Registered No. B C 4743

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 620 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sinah Lee

{Residence, if in Baltimore, Give Street and Number.} 620 N Chapel St

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —

1

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Thomas H Wiggins

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Hanah Ball

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Husband (Informant) Mr Lee

(Address) 620 Chapel St

Filed 9/14" 1907

HARRY C. ANDREWS
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Sep 11 — 1907 to Sep 13 — 1907 that I last saw h[illegible] alive on Sep 13 — 1907, and that death occurred, on the date stated above, at 12 — M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

(DURATION) 2 DAYS

Con ributory (Primary.) Rheumatic

Endocarditis (DURATION) 2 DAYS

(Signed) W. J. Harris M.D.

Address 1344 Druid Hill

Date Sep 13 — 1907

Place of Burial Lancaster Co Va Irvington Wharf

Date Sept 15 1907

Undertaker Robert F Elliott

Address 506 Raynor Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 4744 Registered No. B C 4744

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Bevery

{ Residence, if in Baltimore, Give Street and Number. } 2005 Hargrove Mad

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: April 5 1877

AGE: 30 years, 5 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): U.S.

FULL NAME OF FATHER: Wesley Wheeler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Laura Bond

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Wheeler

(Address) 2005 Hargrove alley

Filed 9/14 1907

HARRY C. ANDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 13 1907

that I last saw h.r alive on Sept 12 1907, 7.30 P.M.

and that death occurred, on the date stated above, at ....

CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) DAYS

Contributory (Primary) Typhoid Fever

(DURATION) DAYS

(Signed) Harry L. Hower M.D.

Address Johns Hopkins Hospital

Date September 14 1907

Place of Burial Herford Md

Date Sept 16 1907

Undertaker John A Bishop

Address 1107 Druid Hill ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4745

City of Baltimore, (No. 856 W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sieon Smullion

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: Wh

DATE OF BIRTH: ..... (Month) ..... (Day) 1859 (Year)

AGE: 48 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Mendle Smullion

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Yetta? Sacks

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Presser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Sarah Collector

(Address) 1002 W. Balto St.

Filed Sept 15 1907

[illegible] ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 13 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to Sept. 4 1907 that I last saw him alive on Sept 4 1907, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis
(Advanced)

(DURATION) 300 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) S. Wolman M. D.

Sept 14 1907 (Address) 129 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rous Dale Cemet.

DATE OF BURIAL: Sept 16 1907

UNDERTAKER: Abr. Levinson

ADDRESS: 1621 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

Ward 5 Registered No. B C 4746

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 30 S. High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Blinchikoff

{Residence, if in Baltimore, Give Street and Number.} 30 S. High st

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ——— years, 8 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hyman Blinchikoff

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Birtie Katzen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Blinchikoff

(Address) 30 S Hugh st

Filed Sept 15 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 13 1907

that I last saw her alive on Sept 13 1907

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Intestinal Catarrh

(DURATION) 10 DAYS

Contributory (Primary.) Dentition

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119 E. Fallo st

Date 190

Place of Burial Rosedale Cemetry

Date 15 Sept 1907

Undertaker Max Levinson

Address 1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEAL

NO

C

City of Baltimore, (N
[If death occurs away from
USUAL RESIDENCE
give facts called for under
"Special Information."]

PERSONAL AND

SEX M

DATE OF BIRTH

AGE 48 years,

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ge

FULL NAME OF FATHER Mend

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Yeth

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Pro

THE ABOVE STATED PERSO
BEST OF MY KNOWLEDGE

(Informant) Brus

(Address) 1002

Filed Sept 15 190 7

Ward 11

Registered No. B C 4747

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B Lewis

{ Residence, if in Baltimore, Give Street and Number. } Handley W Va

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 9 1843

AGE: 64 years, 1 months, 5 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Wales

FULL NAME OF FATHER: Morgan Lewis

BIRTHPLACE OF FATHER (State or country): Wales

MAIDEN NAME OF MOTHER: Margaret Bowen

BIRTHPLACE OF MOTHER (State or country): Wales

OCCUPATION OF DECEASED: Coal Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J B Lewis

(Address) Handley W Va

Filed Sept 15 1907

CHAS. C. ANDREWS, PERMIT CLERK.

C S & C R Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Sept 14 1907

that I last saw h alive on Sept 14 1907, and that death occurred, on the date stated above, at 12 45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Harry L. Howard M.D.

Address Johns Hopkins Hosp

Date Sept 14 1907

Place of Burial Handley W. Va

Date SEP 14 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4748

City of Baltimore, (No. 109-115 Hiquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wolfe Rosen

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 73 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Abram Rosen

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Fannie Lieyd

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harris Rosen

(Address) 115 Hiquith st

Filed Sept 15 1907

PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 9/11 1907 to 9/14 1907 that I last saw h... alive on 9/14 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Ch. Interstitial Nephritis - Uraemia ..... (DURATION) ..... DAYS

Contributory Cardiac Asthenia ..... (DURATION) 2 DAYS

(Signed) S. C. Katzoff M. D.

9/14 1907 (Address) 116 Hiquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Blair Rd Cemetery — DATE OF BURIAL: Sept 15 1907

UNDERTAKER: Max Levin & Co — ADDRESS: 162 Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 4749 Registered No. B C 4749

CERTIFICATE OF DEATH.

1847

(Place of Death.) No. 807 Stirling St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William H Garnish

{ Residence, if in Baltimore, Give Street and Number. } 807 Stirling St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Sept 13 1907

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Garnish

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Garnish

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jerome Garnish

(Address) 807 Stirling

Filed 9/15 1907

MARY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Sept 13 1907

that I last saw h— alive on Sept 13 1907,

and that death occurred, on the date stated above, at —

—M. CAUSE OF DEATH (Secondary or Immediate)

Acute gastric catarrh

(DURATION) 3 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J E Heard M.D.

Address 202 Light St

Date Sept 14 1907

Place of Burial Laurel Cem

Date Sept 15 1907

Undertaker R A Elliott

Address 500 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5 HEALT

NO

C

City of Baltimore, (No.
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

PERSONAL AND ST

SEX M

DATE OF BIRTH

(M

AGE 73 years,

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) D

FULL NAME OF FATHER Abra

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Fan

BIRTHPLACE OF MOTHER (State or country) I

OCCUPATION OF DECEASED

THE ABOVE STATED PERSO BEST OF MY KNOWLEDGE

(Informant) Han

(Address) 115

Filed Pa

Sept 15 190 7 Reg

C 4750 C 4750

Ward 11 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1203 Foster St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leonard Williams

{ Residence, if in Baltimore, Give Street and Number. } 1203 Foster St

Duration of Residence in Baltimore. 46 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1205 Foster St

Filed 9/15 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13 1907

I HEREBY CERTIFY, That I attended deceased from July 12 1907 to Sept 13 1907

that I last saw him alive on Sept 13 1907

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 60 DAYS

Contributory (Primary) Mitral Regurgitation

(DURATION) 60 DAYS

(Signed) C. L. O. Blake M.D.

Address 916 N. Monroe

Date Sept 14 1907

Place of Burial Mt. Auburn

Date Sept 15 1907

Undertaker Ira Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4751

Registered No. B

City of Baltimore, (No. St. Francis Convent, Chas St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Wilson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Negress

DATE OF BIRTH: September 13th 1907 (Month) (Day) (Year)

AGE: 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt, Md.

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: At school

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Ma. Imaculata C.P.

(Address) St Francis Convent

Filed 9/15" 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 13 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from February 1907 to Sept 1907

that I last saw her alive on " 10th 1907,

and that death occurred, on the date stated above, at 8. P. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 7. DAYS

Contributory Pulmonary Tuberculosis (DURATION) 6-mos DAYS

(Signed) Mary F. Doyle M. D.

Sept 14 1907 (Address) 1028 Valley St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	15 Sept 1907
UNDERTAKER	ADDRESS
Edward A. Byrne	302 W. Gay st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 C 4752 Registered No. B C 4752

CERTIFICATE OF DEATH.

105 ✓

(Place of Death.) No. 45 S. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Meyers

{Residence, if in Baltimore, Give Street and Number.} 45 S. Schroeder St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1907

AGE: ....years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jesse E. Meyers

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Rebecca Steinburger

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Meyers

(Address) 118 Calender St.

Filed 9/15 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 10 1907

that I last saw him alive on Sept 10 1907

and that death occurred, on the date stated above, at 6:30 a m. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 24 DAYS

Contributory (Primary.) Asthenia

(DURATION) 7 DAYS

(Signed) Henry C. O'Neill M.D.

Address 1203 W. Fayette St

Date Sept 14 1907

Place of Burial Western Cemetery

Date Sept 15 1907

Undertaker John D. Corwin

Address 901 Hallum St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B C 4753

CERTIFICATE OF DEATH.

(Place of Death.) No. 2205 Jefferson Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Foust-

{Residence, if in Baltimore, Give Street and Number.} 2205 Jefferson Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colt-

DATE OF BIRTH: Nov 12th- 1848

AGE: 58 years, 10 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Talbott-

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Waldron

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant): Charles Foust-

(Address) 2205 Jefferson Place

Filed Sept 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept- 13th 1907

I HEREBY CERTIFY, That I attended deceased from Sept- 11th 1907 to Sept- 12th 1907 that I last saw h-r alive on Sept- 12th 1907, and that death occurred, on the date stated above, at 3:15- A. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart- failure

(DURATION) 2 DAYS

Contributory (Primary) Dilatation & Hyperthrophy (DURATION) DAYS

(Signed) Cecil L. Stewart- M.D.

Address 122 W. 23rd St

Date Sept- 13th 1907

Place of Burial Baltimore Cemetery

Date Sept 16th 1907

Undertaker Albert F. Philbin

Address 1711 Maryland Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 4754 Registered No. B C 4754

166 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willie Chilton

{ Residence, if in Baltimore, Give Street and Number. } White Stone, Lancaster Co. Virginia

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH September 15th 1907

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Wm Chilton

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER J. E. McKenney

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Oysterman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Chilton

(Address) Palmers. Lancaster Co Va

Filed 9/15 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

B.C.N.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 15th 1907

I HEREBY CERTIFY, That I attended deceased from September 4th 1907 to September 15 1907 that I last saw h im alive on September 15 1907, and that death occurred, on the date stated above, at 1.10 a. M. CAUSE OF DEATH (Secondary or Immediate)

~~Injury~~ (Hepatic) Hemorrhage

7 wks (DURATION) DAYS

Contributory (Primary.) Injury (Hepatic) (accidentally Kicked by horse) (DURATION) DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Sept. 15, 1907

Place of Burial White Stone - Va

Date Sep 15 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

Remove to 1003 W Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B

40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Bella Seidenburg

{Residence, if in Baltimore, Give Street and Number.} 604 Aisquith st

Duration of Residence in Baltimore. 34 Years.

C. #7755

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Isaac Forman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Nannie Forman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Seidenberg

(Address) 604 Aisquith st

Filed 9/15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Sept 14 1907

that I last saw h alive on Sept 14 1907, and that death occurred, on the date stated above, at 9 45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Emphysema.

(DURATION) 3 Y DAYS

Contributory (Primary) Carcinoma of Oesophagus (DURATION) — DAYS

(Signed) Edwin Rayley M.D.

Address Hebrew Hospital

Date 190

Place of Burial Baltimore Cemetery

Date Sept 15, 1907

Undertaker Max Levinson

Address 1620 ne Eldersley st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 Registered No. B 6-4756

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Sept 708 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert Swiderski

{ Residence, if in Baltimore, Give Street and Number. } 708 S Bond

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W
DATE OF BIRTH: Jan 16 1907	
AGE: ... years, V months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: John J. Swiderski	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Frances [illegible]	
BIRTHPLACE OF MOTHER (State or country): Poland	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Swiderski

(Address) 708 S Bond St

Filed Sept 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Sept 14 1907

that I last saw h[illegible] alive on Sept 14 1907

and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Toxic Enteritis

(DURATION) 5 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J Wearn M.D.

Address 16 E Baltimore

Date Sept 14 1907

Place of Burial Holy Rosary

Date Sept. 14 1907

Undertaker Jacob Tiaikowski

Address 428 S Bond. St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 C ~~4756~~ Registered No. B ~~C 4756~~ 1067

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 Frederick avenue & 12 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sojachim Meier

{Residence, if in Baltimore, Give Street and Number.} 224 Frederick ave Ext'd C.4757

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 18th 1820

AGE: 87 years, 4 months, 26 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Solzman

(Address) 97 Wilkins Street

Filed Sept 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 13th 1907

I HEREBY CERTIFY, That I attended deceased from September 1907 to Sept. 13th 1907 that I last saw him alive on Sept. 13th 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhoea

(DURATION) Two DAYS

Contributory (Primary.) Old age and

Fever of an Intermittent form (DURATION) Six DAYS

(Signed) John G. Kollyday M.D.

Address 714 Frederick Ave

Date Sept. 15th 1907

Place of Burial Western Cem:

Date Sept: 16th 1907

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 — Registered No. B C 4758

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 S Ann St — St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Matilda H. Paul

{Residence, if in Baltimore, Give Street and Number.} 421 S Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 2 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry Paul

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Caroline Paul

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr H. Paul

(Address) 421 S. Ann St

Filed Sept 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Sept 14 1907

that I last saw her alive on Sept 14 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J T Spicknall M.D.

Address 14 N Patterson Park Ave

Date Sept 15th 1907

Place of Burial Mt Carmel Cem

Date Sept 16th 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 4759 Registered No. B C 4759

634

CERTIFICATE OF DEATH.

(Place of Death.) No. 3104 Fait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida M. Henderson

{Residence, if in Baltimore, Give Street and Number.} 3104 Fait Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chas L. Henderson

(Address) 3104 Fait Ave

Filed Sept 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Sept 14 1907

that I last saw her alive on Sept 14 1907

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute Myelitis

(DURATION) 18 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) A. L. Long M.D.

Address 2429 Fait Ave

Date Sept. 15 1907

Place of Burial Oak Lawn Cem

Date Sept 17th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 6760

CERTIFICATE OF DEATH.

113

(Place of Death.) No. 2409 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Margaret Buettner

{Residence, if in Baltimore, Give Street and Number.} 2409 McElderry St

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 25th 1830

AGE 67 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House-hold duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. Schmidt

(Address) 2409 McElderry st

Filed Sept 15 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28th 1907 to Sept 13, 1907 that I last saw h-r alive on Sept 12, 1907, and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gall Stones

from history about 2½ years

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E B Baton M.D.

Address 1711 E Balto St

Date Sept 14, 1907

Place of Burial Trinity Church cemetery

Date Sept 15th 1907

Undertaker J C Schmidt & Son

Address 3515 E. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 4761 Registered No. B C 4761

1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 329 E. 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Schwarz

{Residence, if in Baltimore, Give Street and Number.} 329 E 23rd St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 5 1907

AGE: ..... years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Jos L Schwartz

BIRTHPLACE OF FATHER (State or country): Germ.

MAIDEN NAME OF MOTHER: Julia Connelly

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/15 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1907 to Sept 14th 1907, that I last saw h.. alive on Sept 13th 1907, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis

(DURATION) — DAYS

Contributory (Primary.) Artificial Feeding + Poor Milk (DURATION) DAYS

(Signed) Jeffries Bunk M.D.

Address 2844 St. Paul St

Date Sept 15th 1907

Place of Burial St Marys Cemetery

Date Sep. 15 1907

Undertaker R J Turner

Address 1442 N Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 4762 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 104 V

Full Name James Ryan

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.....

C.M.62

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/15 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 21 1907 to Sept 15 1907 that I last saw h im alive on Sept 15 1907, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Intestinal Obstruction (DURATION) 4 DAYS

(Signed) Robt P Bay M.D.

Address Bay View.

Date Sept 16 1907

Place of Burial Sacred Heart.

Date Sept. 16" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

Lamar Hollyday, Supt. BAY VIEW ASYLUM.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4763 Registered No. C 4763

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo. Bates

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: .....

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Tennessee

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) .....

Filed 9/15 1907 HENRY C. ANDRAE Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 22 1907 to Sept 15 1907 that I last saw him alive on Sept. 15 1907, and that death occurred, on the date stated above, at 12 noon.

I. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Oedema

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Sept. 10 1907

Place of Burial Sacred Heart.

Date Sept 16" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 4764 1614

CERTIFICATE OF DEATH.

(Place of Death.) No. Mercy Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Jordan

{Residence, if in Baltimore, Give Street and Number.} 117 Conroe ave

Duration of Residence in Baltimore. 40 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Aug 15 — 1846

AGE 60 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Jordon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Halloran

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Marble Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. P. Jordon

(Address) 117 Carroll ave

Filed Sept 16 1907 HARRY O. ANDREWS, CITY REGISTER. Registrar

Estate P.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 13th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

11. CAUSE OF DEATH (Secondary or Immediate.)

Stroke, (fracture of thigh, laceration frontal + other injuries)

..... (DURATION) ..... DAYS

Con'ributory (Primary.) + accident due to injuries (DURATION) ..... From fall

(Signed) Wm Baldwin M.D.

Address 700 Lex. av. (Corner)

Date Sept. 13th 1907

Place of Burial St Marys Govans

Date Sept 16 1907

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

+ Hampstone fell on him

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 4765 Registered No. B C 4765

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2031 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clara Patterson

{Residence, if in Baltimore, Give Street and Number.} 2031 Druid Hill Ave.

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Brooklyn New York

FULL NAME OF FATHER William H Green

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary E Middleton

BIRTHPLACE OF MOTHER (State or country) Georgia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Green

(Address) 2031 Druid Hill Ave.

Filed 9/16 1907 HARRY O. ANDREWS, PENALT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday Sept 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1907 to Sept 14th 1907 that I last saw h[illegible] alive on Sept 13th 1907, and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Paralysis (DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

Bed 4 Months (DURATION) DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date Sept 14th 1907

Place of Burial Washington D. C.

Date Sept 17. 1907

Undertaker Alex H Emsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 4766 Registered No. B C 4766

CERTIFICATE OF DEATH.

40 V

(Place of Death.) No. 612 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Tripp

{Residence, if in Baltimore, Give Street and Number.} 612 Sarah Ann St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Unknown 1

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James H. Tripp

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Rebecca Young

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Tripp

(Address) 1936 Brunt St

Filed 9/16 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 14th 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to September 13 1907 that I last saw h alive on Sept 13 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

(DURATION) 60 DAYS

Contributory (Primary.)

Starvation (DURATION) 12 DAYS

(Signed) Frank Wyeman M.D.

Address 322 N Greene St

Date September 14 1907

Place of Burial Mt Auburn Cemetery

Date Sept 16 1907

Undertaker Alex C Emsley

Address 518 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 4767 Registered No. B C 4767

14

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 Pierce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sottie Casey

{Residence, if in Baltimore, Give Street and Number.} 918 Pierce St

Duration of Residence in Baltimore. Born from Grass

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto County

FULL NAME OF FATHER George E Casey

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Josephine Anderson

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Josephine Casey

(Address) 918 Pierce St

Filed 9/16/07 190.. HARRY C. ARBAUGH PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday Sept 14th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25th 1907 to Sept 14th 1907 that I last saw her alive on Sept 13th 1907, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Radical (DURATION) DAYS

Contributory (Primary.) Typhoid Fever 3 Weeks (DURATION) DAYS

(Signed) C. W. Mohr M.D.

Address 607 N. Charles St

Date Sept 14th 1907

Place of Burial Laurel Cemetery

Date Sept 16 1907

Undertaker Alex H Grimsley

Address 548 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

641V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4768

City of Baltimore, (No. 1214 Foster St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara B. Fenn

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	colored
DATE OF BIRTH	Do not know (Month) (Day) 1 (Year)
AGE	about 70 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	— Brown
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	do not know
BIRTHPLACE OF MOTHER (State or country)	do not know
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Anderson

(Address) 1214 Foster St.

Filed 9/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 11 1907 to Sept 14 1907

that I last saw her alive on Sept 14 1907,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 3 DAYS

Contributory

(DURATION) DAYS

(Signed) Albert J. Comley M. D.

Sept 15 1907 (Address) 1412 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Sept 16 1907
UNDERTAKER	ADDRESS
Wm J. Johnson	614 Baker

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1044

CERTIFICATE OF DEATH.

Registered No. B C 4769

City of Baltimore, (No. 1629 N Durham St.; Ward).
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Estella Caldwell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 8 1907
(Month) (Day) Year)

AGE — years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER George Caldwell

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Fannie Krieg

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George I King

(Address) #1629 N Durham St

Filed 9/16 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Sept 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Sept 14 1907 that I last saw h alive on Sept 13 1907 and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Cerebro Meningitis

(DURATION) DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) G. F Taylor M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Bulls Cemetery | DATE OF BURIAL Sep 16 1907

UNDERTAKER R J Turner | ADDRESS 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 C 4770 Registered No. B C 4770

1164

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Germain Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 531 S Lort st

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colord

DATE OF BIRTH ——— 1

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Portdefrail - In Le

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ~~Rebecca~~ Carr

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Mitchell

(Informant) Husband Father

(Address) 531 Short - St -

Filed 9/16 1907 HENRY O. ANDERSON PARKET CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 14 1907 that I last saw h[illegible] alive on Sept 14 1907, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis & Sepsis

(Pelvic Peritonitis, probably caused by pus tubes a.d.j)

Dont Know - (DURATION) ... DAYS

Contributory (Primary.) Dont Know

——— (DURATION) ... DAYS

(Signed) Geo A Pflueger M.D.

Address St Joseph Germain Hospital

Date Sept 14 1907

Place of Burial Laurel ~~Arbour~~ Cemetery

Date September 16 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 C 4771 Registered No. B C 4771

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Bachhart.

{Residence, if in Baltimore, Give Street and Number.} 1618 E Pratt St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH January 15th 1853

AGE 54 years, Jan 15 1853 months, 9 Months days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Henry Bachhart

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mattie Freiburg

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Foreman of Packing House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mattie Bachhart

(Address) 1618 E Pratt St

Filed 9/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15th 1907

I HEREBY CERTIFY, That I attended deceased from June 18th 1907 to Sept 1907 that I last saw h[illegible] alive on Sept 16 1907, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's disease (DURATION) 90 DAYS

Con'tributory (Primary.) Mitral insufficiency + dropsy (DURATION) 70 DAYS

(Signed) C. F. Scudder M.D.

Address 2 S Patterson Place

Date Sept 15th 1907

Place of Burial Mount Carmel Cemetery

Date Sept 18 1907

Undertaker Louis Heumann

Address 32 S Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4772 Registered No. B C 4772

104

CERTIFICATE OF DEATH.

(Place of Death.) No. Northwest Aged Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Taylor.

{ Residence, if in Baltimore, Give Street and Number. } Fulton & Franklin

Duration of Residence in Baltimore. 7 yrs. 2 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: July 1834

AGE: 73 years, 2 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Samuel Taylor

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Elizabeth Tucker

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. U.S. Allegeanie

(Address) Home of the aged

Filed 9/16 1907 HARRY O. ARBERS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1907

I HEREBY CERTIFY, That I attended deceased from Jan 15 1907 to Sept 15 1907

that I last saw him alive on 11 13 1907,

and that death occurred, on the date stated above, at X

X M. CAUSE OF DEATH (Secondary or immediate)

Chronic Gastritis

(DURATION) DAYS

Contributory (Primary.) X

(DURATION) DAYS

(Signed) Edwin Murray M.D.

Address 1221 N. Fayette St.

Date Sept 16 1907

Place of Burial Mt Olivet

Date Sept 17 1907

Undertaker Geo J Smith Co

Address 1800 N Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 4773 Registered No. B C 4773

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Maternity Hospital of U. of M. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Infant of Full Name Lucy Randolph (Lucy Randolph)

{Residence, if in Baltimore, Give Street and Number.} 752 Waeche St. Balto

Duration of Residence in Baltimore. 7 hrs 40 minutes

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Sept 14 1907	
AGE: ....years, ...months, 7 hrs	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	William Raymond
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Lucy Randolph
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H V S Hartaugh M D

(Address) 622 W Lombard St.

Filed 9/16 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 14 1907 that I last saw h. in alive on Sept 14 1907 and that death occurred, on the date stated above, at 8 A M. CAUSE OF DEATH (Secondary or Immediate.)

Premature

(DURATION) 7 hrs

Con'tributory (Primary.)

(DURATION) DAYs

(Signed) H. V. Hartaugh M.D.

Address 622 W Lombard St

Date Sept 14 1907

Place of Burial COLLEGE OF P. & S. FOR ANATOMICAL PURPOSES.

Date Sept 14 1907

Undertaker Commissioner of Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

#212

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1051

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 4774

Registered No. B

City of Baltimore, (No. 2000 Wilhelm St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Ebert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 23 (Day) 1906 (Year)

AGE: ..... years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: D. Ebert

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Silkey

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. R. Ebert

(Address) 2010 Wilhelm St

Filed 9/16 1907

HARRY C. ANDREWS, DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 14 1907

that I last saw h[illegible] alive on Sept 14 1907

and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Convulsion 2 hr
(DURATION) DAYS

Contributory Acute Gastro Enteritis
(DURATION) 3 DAYS

(Signed) Honora Kalyn M. D.

9/14 1907 (Address) 202 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Sept 16 1907
UNDERTAKER	**ADDRESS**
Mrs Geo. P. Paulus	210 E. Fredk Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker or other person superintending the burial, a certificate setting forth, as far as they are

Ward 2 C 4775 Registered No. B

54 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1137 Hollis Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Liggie James Wischer

{Residence, if in Baltimore, Give Street and Number.} 1137 Hollis Lane

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH Sept 4 1897

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Jamison

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Wischer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mary Wischer

(Address) 1137 Hollis Lane

Filed 9/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Sept 14 1907 that I last saw h[illegible] alive on Sept 13 1907 and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Acute

Had attended her at intervals for Rheumatism (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. Heard M.D.

Address 202 Augusta St

Date Sept 14 1907

Place of Burial Laurel

Date September 17 1907

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, **sex**, **age**, **color**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 1 C 4776 Registered No. B C 4776

1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 2830 Huntingdon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Valma V. Tarbert

{ Residence, if in Baltimore, Give Street and Number. } 2830 Hyde Ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH	Mar 4 1907
AGE	6 years, 6 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balt City
FULL NAME OF FATHER	Thos M Tarbert
BIRTHPLACE OF FATHER (State or country)	Howard Co
MAIDEN NAME OF MOTHER	V. V. Sims
BIRTHPLACE OF MOTHER (State or country)	Va Virginia
OCCUPATION OF DECEASED	In Farm

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M Tarbert

(Address) 2830 Hyde Ave

Filed 9/16 1907

HARRY C. AMBERGS. PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1907

I HEREBY CERTIFY, That I attended deceased from Sep 6 1907 to Sep 16 1907 that I last saw h[illegible] alive on Sep 15 1907, and that death occurred, on the date stated above, at 1

A. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Coma

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) 10 DAYS

(Signed) Geo P Everhart M.D.

Address 100 W 20th St

Date Sep 16th 1907

Place of Burial Mt Olivet

Date Sept 17 1907

Undertaker V S Marshall

Address 3539 Belair Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 V C 4777 Registered No. B 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2616 Hampden Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Elizabeth Hart

{Residence, if in Baltimore, Give Street and Number.} 2616 Hampden Avenue

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 14 1907

AGE: 1 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: David Hart

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: S E Smith

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Hart

(Address) 26 16 Hamilton Ave

Filed 9/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1907 to Sept 14 1907

that I last saw her alive on Sept 14 1907.

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

10 wks

(DURATION) DAYS

Contributory (Primary.) Chronic Intestinal

(DURATION) YEARS

(Signed) L. A. Richardson M.D.

Address 112 W. 25th St

Date September 14th 1907

Place of Burial Brooklandville Balto Co Md.

Date Sept 16 1907

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105V

CERTIFICATE OF DEATH.

C 4778

Registered No. B .....

City of Baltimore, (No. 921, Fawn St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Becky First

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis First

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Celia First

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Jacobson

(Address) 125 S. Bright

Filed 9/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 15 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 15 1907

that I last saw her alive on Sept 15 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

entero-colitis,

9 weeks (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W D Booker M. D.

Sept 16 1907 (Address) 2026 W Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Roas Dale Cemetry	Sept 16 1907
UNDERTAKER	ADDRESS
Mary Levinson	1620 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 C 4779 Registered No. B C 4779

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 Myrtle Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Wm. A. Hughes

{Residence, if in Baltimore, Give Street and Number.} 1419 Myrtle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Charles E Hughes

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Katherine Harrell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Candy maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E Hughes

(Address) 1419 Myrtle Ave

Filed 9/16/07 190

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxiation

died instantly (DURATION) DAYS

Con'ributory (Primary.) suicide by

Hanging (DURATION) DAYS

(Signed) Silas Bakeman M.D.

Address 700 Lafayette Ave. (Corner)

Date ..... 190 .....

Place of Burial Baltimore Elm

Date Sept 17th 190 7

Undertaker H Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Mc Clatchie

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st C 4780 Registered No. B C 4780

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 2216 Eastern Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine M. Damm

{ Residence, if in Baltimore, Give Street and Number. } 2216 Eastern Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 2 1903

AGE: 4 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: August Damm

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Caroline Krick

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Aug. Damm

(Address) 2216 Eastern Ave

Filed 9/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 13 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Sept. 13 1907

that I last saw her alive on Sept 13 1907

and that death occurred, on the date stated above, at 9 30 A M

CAUSE OF DEATH (Secondary or Immediate)

Burns 1, 1 body

(DURATION) 1 DAYS

Contributory (Primary.) Convulsions

(DURATION) DAYS

(Signed) Chas. S. Kerr M.D.

Address 619 Patterson Park Ave

Date Sept. 14 1907

Place of Burial Mount Carmel

Date Sept 16th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — C 4781 — Registered No. B C 4781

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 N. Bradford St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Uhl.

{ Residence, if in Baltimore, Give Street and Number. } 10 N. Bradford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: — years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Louis Uhl.

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Maria Kautch

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Gone

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Louis Uhl.

(Address) 10 N. Bradford St.

Filed 9/16 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Sept 14 1907, that I last saw h.m alive on Sept 14 1907 and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 207 Eastern Av

Date Sept 15 1907

Place of Burial 1st German Cem

Date Sept 16th 1907

Undertaker W. Nicolaus & Son

Address 1820 Eaton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 4782 Registered No. B

CERTIFICATE OF DEATH.

19V

(Place of Death.) No. 1717 N. Broadway St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew W. Steer

{Residence, if in Baltimore, Give Street and Number.} 1717 N Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 14th 1858

AGE 48 years, 10 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm F Steer

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Mary Jane Adams

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Furniture Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lydia M Steer Wife

(Address) 1717 N Broadway

Filed 9/16 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sep 14 1907 to Sep 14 1907

that I last saw h alive on Sep 14 1907,

and that death occurred, on the date stated above, at 1130 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Insufficiency

(DURATION) DAYS

Contributory (Primary.) A. Indigestion (DURATION) 1 DAY

(Signed) J W White M.D.

Address 1107 N. Broadway

Date Sep 15 1907

Place of Burial Greenmount Cemetery

Date September 17th 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 69

C 4783

CERTIFICATE OF DEATH.

C 4783

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas A. Schaffer
Correct name said to be August C. Schaffer.

{ Residence, if in Baltimore, Give Street and Number. } Bay View Asylum

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1862

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: August Schaeffer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Do not know

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: Blacksmith -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lemar Holyday,
BAY VIEW ASY'M Post

(Address) .....

Filed 9/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Sept 15 1907

that I last saw him alive on Sept 14 1907,

and that death occurred, on the date stated above, at 8.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Brain

(DURATION) 1 DAYS

Contributory (Primary.) Epilepsy

(DURATION) ..... DAYS

(Signed) Robt. C. Bay M.D.

Address Bay View

Date Sept. 15 1907

Place of Burial Baltimore Cemetery

Date September 17th 1907

Undertaker Evans & Spence

Address 1187 1/2 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 4784 Registered No. B

34 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1709 Sherman Pl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Evelyn Slater

{ Residence, if in Baltimore, Give Street and Number. } 1709 Sherman Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Jan 27th 1907

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Geo Slater

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Eliza Slater

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Baxley MD

(Address) .....

Filed 9/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 15 1907

that I last saw her alive on Sept 15 1907, and that death occurred, on the date stated above, at 8 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Intestinal Intussusception

Atrophia or Exhaustion

Gangrene of Intestines 2 hrs

(DURATION) ..... DAYS

Contributory (Primary.) General Tuberculosis

(DURATION) 6 DAYS

(Signed) H. Baxley M.D.

Address Guilford Ave 22nd

Date Sept 15 1907

Place of Burial Laurel Cemetery

Date Sept. 16 1907

Undertaker Alex Hemsley

Address 678 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C 4785 Registered No. B C 4785

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1022 S Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mable V. Granger

{Residence, if in Baltimore, Give Street and Number.} 1022 S Paca to Sept 2

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 18th 1907

AGE [illegible] years, [illegible] months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joseph H. Granger

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Lillian M. Flushill

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph H. Granger

(Address) 1022 S. Paca St.

Filed 9/16/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1907 to Sept 14 1907

that I last saw h[illegible] alive on Sept 13 1907,

and that death occurred, on the date stated above, at 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 517 Lexington

Date Sept 16 1907

Place of Burial London Park Cemetery

Date Sept 16 1907

Undertaker H. E. Dulany

Address 807 Ridgely St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 4786 Registered No. B C 4786

1194

CERTIFICATE OF DEATH.

(Place of Death.) No. 2115 St Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Moore

{Residence, if in Baltimore, Give Street and Number.} 2115 St Paul st

Duration of Residence in Baltimore. ~~Lifetime~~ 60 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 13th 1834
AGE	72 years, 9 months, 2 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	William Moore
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Margaret Keown
BIRTHPLACE OF MOTHER (State or country)	Irelandd
OCCUPATION OF DECEASED	Wool Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) H. Frost Moore

(Address) 2115 St Paul St

Filed 9/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Sept 15 1907

that I last saw him alive on Sept 15 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Brights Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. B. Adams M.D.

Address 2124 St. Paul Street

Date Sept. 16 1907

Place of Burial Greenmount Cemetery

Date Sept 17 1907

Undertaker Stewart & Mowen Co

Address 715 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Dr. Frank Adams

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 4787 Registered No. B C 4787

27V

CERTIFICATE OF DEATH.

(Place of Death.) No. 995 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William A Wirth

{ Residence, if in Baltimore, Give Street and Number. } 995 Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jany 13 1860.

AGE 47 years, 6 months, 2 days

~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ Divorced.

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John A Wirth

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Clara Watters

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Read

(Address) Eden Terrace Catonsville

Filed 9/16 1907

HARRY C. ANDERSON
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Sept 15 1907

that I last saw h~~im~~ alive on Sept 13 1907

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary Phthisis (DURATION) 71 DAYS

(Signed) Henry J Stahler M.D.

Address Irvington

Date Sept 15-1907 1907

Place of Burial Loudon Park

Date Sept 17 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 C 4788 Registered No. B C 4788

36 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 N. Minebank Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Fuchs

{Residence, if in Baltimore, Give Street and Number.} 1413 N. Minebank Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 28th 1907

AGE: ..... years, ... months, 19 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John G. Fuchs

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Chamberlain

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1413 Minebank Lane

Filed 9/16/07 190.. HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 15th, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1907 to Sept. 15th 1907 that I last saw him alive on Sept 15th 1907, and that death occurred, on the date stated above, at 10.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion and Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Syphilis Lifetime

(DURATION) DAYS

(Signed) Albert G. Singewald M.D.

Address 1202 N. Patterson Pk Ave.

Date September 16th, 1907

Place of Burial: Holy Redeemer Cemetery

Date Sept. 16th 1907

Undertaker Henry Stocks & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 4789 Registered No. B C 4789

104 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Doughtery

{Residence, if in Baltimore, Give Street and Number.} 824 Hanover St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR col

DATE OF BIRTH 1

AGE 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Accomack Co Va

FULL NAME OF FATHER — — —

BIRTHPLACE OF FATHER (State or country) — — —

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) Accomack Co Va

OCCUPATION OF DECEASED laber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Daughtery

(Address) 824 Hanover St

Filed 9/16 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 13th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 13 1907

that I last saw h alive on Sept 13 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) 8 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 8 DAYS

(Signed) C W Fowler M.D.

Address 1711 E Baltimore St

Date Sept 13 1907

Place of Burial Mt Auburn Cemetery

Date Sept 17 1907

Undertaker Lee & Hopkins

Address 609 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and date of death.*** deceased, and the ***cause and date of death.*** ***condition*** (whether married or single) of the person

Ward 21 C 4790 Registered No. B 1197

CERTIFICATE OF DEATH.

Place of Death.) No. 726 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Frank

{ Residence, if in Baltimore, Give Street and Number. } 726 W. Hamburg St. C 4790

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1842

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bushman

(Address) 129 Preston st

Filed 9/16 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 14 1907

I HEREBY CERTIFY, That I attended deceased from August 26 1907 to Sept 14 1907 that I last saw her alive on Sept 14 1907, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Interstitial Bright's disease complicated with Endocarditis (DURATION) 20 DAYS

Contributory (Primary.) Collapse (DURATION) ..... DAYS

(Signed) Jas. E. Muse M.D.

Address 855 Columbia Av

Date Sept 16 1907

Place of Burial St. Peters Cemetery

Date Sept 17 1907

Undertaker James Dignan & Son

Address 759 W Hamburg st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 4791 Registered No. B [redacted]

113V
C 4791

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's German Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Hitzki

{ Residence, if in Baltimore, Give Street and Number. } 605 Washington Street.

Duration of Residence in Baltimore. 11 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 3 April 1859

AGE 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Miller

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED [redacted]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Hitzki

(Address) # 605 S Washington St

Filed 9/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 15 1907

that I last saw h[illegible] alive on Sept 15 1907,

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Sepsis + Sepsis

13 hours (DURATION) — DAYS

Contributory (Primary) Puerperal Case

Bladder + Gall Stones (DURATION) — DAYS

(Signed) Geo A Plueger M.D.

Address St Joseph German Hospital

Date Sept 15 1907

Place of Burial Oak Lawn V

Date Sept 17th 1907

Undertaker Robt J Turnery

Address 1742 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

C 4792

CERTIFICATE OF DEATH.

(Place of Death.) No. 317 E. Lafayette Av, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estelle Nelson.

{Residence, if in Baltimore, Give Street and Number.} 317 E. Lafayette Av.

Duration of Residence in Baltimore. 10 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Jany 30, 1876

AGE: 31 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED OR DIVORCED: Married

BIRTHPLACE (State or country): Kentucky.

FULL NAME OF FATHER: George Rippard.

BIRTHPLACE OF FATHER (State or country): Liverpool Eng.

MAIDEN NAME OF MOTHER: Prudence G. Marsh.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Rippard

(Address) Norfolk, Va.

Filed 9/16 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16th, 1907.

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to Sept. 16, 1907

that I last saw her alive on 16 1907,

and that death occurred, on the date stated above, at 12.25 9: M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis.

(DURATION) — DAYS

Contributory (Primary.)

Heart failure (DURATION) DAYS

(Signed) Hugh Forsythe M.D.

Address 424 E. Monk Av.

Date Sept. 16th 1907.

Place of Burial White Hall Hagerstown Md

Date Sept 18 1907

Undertaker E M Mitchell

Address 1201 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4793 Registered No. 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 Myrtle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Viviva Hughes

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Singleton Hughes

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Martha Truett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Truett

(Address) 421 Myrtle Ave.

Filed 9/16 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15th 1907

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis,
sick 5 mos.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lehbank M.D.
Coroner

Address 211 W. Lanvale

Date Sept 15th 1907

Place of Burial Mt. Zion Cemetery

Date September 17 1907

Undertaker Felix B. Paye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4794 Registered No. B 1641

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Moretti Beradino

{Residence, if in Baltimore, Give Street and Number.} Washington Ave

Duration of Residence in Baltimore. 1 da

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 27 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Roberto

(Address) .....

Filed 9/17 1907 HARRY C. ANDERSON, M.D. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull (Accidental)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fr. Joseph Cummins M.D.

Address Commo N. Ave

Date Sept 16 - 07 1907

Place of Burial St. Vincents

Date Sept. 17 1907

Undertaker Wendell & Ippel Bro

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 223 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Daiger

{Residence, if in Baltimore, Give Street and Number.} 223 S. Broadway.

Duration of Residence in Baltimore. Lifetime

CHM 95

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb. 18, 1868
AGE	39 years, 6 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto., Md.
FULL NAME OF FATHER	Matthias A. Daiger
BIRTHPLACE OF FATHER (State or country)	Balto., Md.
MAIDEN NAME OF MOTHER	Pamelia A. Ashcom
BIRTHPLACE OF MOTHER (State or country)	Balto., Md.
OCCUPATION OF DECEASED	Funeral Director

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. A. Daiger

(Address) 223 S. Broadway

Filed Sept 17 190 HARRY C. ANDREWS PERMIT CLERK Registrar

C. & C. C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14th 1907

I HEREBY CERTIFY, That I attended deceased from April 10 1907 to Sept 14th 1907

that I last saw h[illegible] alive on Sept 13th 1907,

and that death occurred, on the date stated above, at 8:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

(DURATION) DAYS

Contributory (Primary.) Mitral Regurgitation + Cardiac Dilatation (DURATION) DAYS

(Signed) Arthur Hebb M.D.

Address 2011 E. Pratt St

Date Sept. 16th 1907

Place of Burial Greenmount Cemetery

Date Sept. 17, 1907

Undertaker Henry W. Means & Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 4796 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore 337 n Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geneva. Still

{Residence, if in Baltimore, Give Street and Number.} 337 N Bruce St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colord

DATE OF BIRTH: May 25th 1907

AGE: ..... years, 5 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Walter I Still.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ella. Corbin.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Still

(Address) 337 n Bruce St

Filed 9/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 16th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 6th 1907 to Sept 15 1907 that I last saw h[illegible] alive on Sept 16th 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Egbert S Untereiner M.D.

Address 125 N Fulton Ave

Date Sept 16th 1907

Place of Burial Mt Auburn

Date Sept 17 1907

Undertaker Alex H Grimsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward C. P. N. C 4797 Registered No. B .....

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Chase.

{ Residence, if in Baltimore, Give Street and Number. } .....

C. 4797

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: F.	COLOR: B.
DATE OF BIRTH: 1	
AGE: 80 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.	
BIRTHPLACE (State or country): Maryland.	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/17 1907 BAY VIEW ASYLUM HARRY G. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16th 1907

I HEREBY CERTIFY, That I attended deceased from June 7th 1907 to Sept. 16th 1907

that I last saw her alive on Sept. 15th 1907,

and that death occurred, on the date stated above, at 12.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Debility.

.....

.....

.....

Ward 23 C 4798 Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 2302 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George R McAllister

{Residence, if in Baltimore, Give Street and Number.} 2302 Hanover St

Duration of Residence in Baltimore. 7

C 4798

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Wh
DATE OF BIRTH	Sep 13 1896
AGE	11 years, — months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Del
FULL NAME OF FATHER	John W. McAllister
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Annie F. Willing
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie F. McAllister

(Address) 2302 Hanover St

Filed 9/17/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Sept 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Sept 16 1907 that I last saw h— alive on Sept 15 1907, and that death occurred, on the date stated above, at 9a.m.

M. CAUSE OF DEATH (Secondary or Immediate.)

Post-Diphtheritic Paralysis

(DURATION) 1 DAYS

Contributory (Primary.) Faucial diphtheria (DURATION) 8 DAYS

(Signed) R. E. K. Campbell M.D.

Address 1644 Hanover St

Date Sept 16 1907

Place of Burial London Park Cem

Date Sep 17 - (10 a.m.) 1907

Undertaker Jos B. Cook

Address 1003 W Balto St

10 A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 4799 Registered No. B C 4799

144 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1318 Marshall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Mannion

{ Residence, if in Baltimore, Give Street and Number. } 1318 Marshall St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR White

DATE OF BIRTH July 22 1896

AGE 10 years, 1 months, 23 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jno F. Mannion

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Mordaha

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Mannion (Father)

(Address) 120 Marshall ave

Filed 9/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15 1907

I HEREBY CERTIFY, That I attended deceased from Sept 9th 1907 to Sept 15 1907

that I last saw h in alive on 9.15 1907,

and that death occurred, on the date stated above, at 2.30 a m. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) 3 DAYS

Contributory (Primary) Abdominal Abscess (DURATION) 7 DAYS

(Signed) J J Darlington M.D.

Address 102 E Fort Ave

Date Sept 16 1907

Place of Burial Cathedral Cemetery

Date Sept 17 1907

Undertaker Carl & Margt G. Flynn

Address 42 & West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

45 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Bazgine

{Residence, if in Baltimore, Give Street and Number.} 178 S. Eden st.

Duration of Residence in Baltimore. 18 years.

C4900

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Moses Bazgine

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Beckie Gronzitsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abner B. Bazgine

(Address) 102 Eden st

Filed 9/17/07 190

HARRY C. ARDINS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 17 1907

I HEREBY CERTIFY, That I attended deceased from July 6 1907 to Sept 17 1907

that I last saw h alive on Sept 17 1907

and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Anthemia.

(DURATION) — DAYS

Contributory (Primary.) Carcinoma of Pylorus Lesser Curvature and Liver (DURATION) 6 Mos.

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital.

Date Sept 17 1907

Place of Burial Hebrew Rodeph Shalom Cemetery

Date Sept 17, 1907

Undertaker Max Levinson

Address 1620 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 4801 Registered No. B C 4801

1064

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 N. Stricker Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name F. William Lantz Jr

{Residence, if in Baltimore, Give Street and Number.} 324 N. Stricker St

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 16 1907

AGE: 21 years, 6 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Fred Wm Lantz

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: M. Elizabeth Schneider

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. W. Lantz Jr

(Address) 324 N. Stricker St

Filed 9/17 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 16th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 16 1907

that I last saw him alive on Sept 16 1907

and that death occurred, on the date stated above, at 3

9 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. B. Roberts M.D.

Address University Hospital

Date Sept 16, 1907

Place of Burial Loudon Park

Date Sept 18 1907

Undertaker Jos. B. Cook

Address 1603 W. Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 4807 Registered No. B

47 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 N Mulberry St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Percy Brown

{Residence, if in Baltimore, Give Street and Number.} 504 N. Mulberry St

C 4807

Duration of Residence in Baltimore. three years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: June 1886

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Frederick Md.

FULL NAME OF FATHER: Geo W Norris

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: M Z Beuecker

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M Z Norris

(Address) 504 N Mulberry St

Filed 9/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Sept 15 1907 that I last saw her alive on Sept 15 1907, and that death occurred, on the date stated above, at 6:15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Complication of Diseases Rheumatic Pericarditis and Diarrhoea

(DURATION) 21 DAYS

Contributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) L. B. Evans M.D.

Address 314 N. Paca St

Date Sept. 15 1907

Place of Burial Frederick City Md.

Date Sept 18 1907

Undertaker W M Routson

Address 230 N Greene St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4803 Registered No. B 108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Russell St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Catherine Full Name Katherine Roth

{Residence, if in Baltimore, Give Street and Number.} 1111 Russell St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Unknown

AGE: 64 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Bender

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Storekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry H. Roth

(Address) 1111 E. Russell St.

Filed 9/17 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 16 1907 that I last saw h-r alive on Sept 16 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Umbilical Hernia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Thomas Lee M.D.

Address 731 Light St

Date Balto Sept 16 1907

Place of Burial Loudon Park Cemetery

Date September 18th 1907

Undertaker William Cook

Address 582 E Monument Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 4804 Registered No. B 17

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Ivert

{ Residence, if in Baltimore, Give Street and Number. } 1694 Thames St

Duration of Residence in Baltimore. 3

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/17/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 13 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Sept 13 1907

that I last saw him alive on Sept 13 1907

and that death occurred, on the date stated above, at 3.15 M.

CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date Sept 13 1907

Place of Burial JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Date SEP 16 1907 190

Undertaker Commissioner Health

Address

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

X 231

Ward 1 C 4805 Registered No. B C 4805

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 2205 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry H Kaufman

{Residence, if in Baltimore, Give Street and Number.} 2201 E Baltimore St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 19th 1836

AGE 70 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Henry Kaufman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER don't Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances Roth

(Address) 2205 E. Baltimore St

Filed 9/17 190 7

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-16 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sadler Coroner M.D.

Address 320 S Greene St.

Date 190

Place of Burial Holy Redeemer Cem

Date Sept. 19 1907

Undertaker Germanes Frazer

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 SC

C 4806

Registered No. B C 4806

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 840 S. Chesapeake St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Yeager

{Residence, if in Baltimore, Give Street and Number.} 840 S. Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 17 1854

AGE: 52 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Anton Yeager

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Yeager

(Address) 840 Chesapeake St.

Filed 9/17 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Sept 14 1907

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 9-25 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Peritonitis

(DURATION) 2 ~~Days~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 E Baltimore

Date Sept 16 1907

Place of Burial Schwartz's Cemetery

Date Sept. 18th 1907

Undertaker Germanus Franck

Address Bank & Wolfe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 4807

Registered No. B.....

City of Baltimore, (No. 1621, Pressbury St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Fuller

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	Colored
DATE OF BIRTH	? (Month) ? (Day) 1? (Year)
AGE	4 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Balto Co.
FULL NAME OF FATHER	Sandy Fuller
BIRTHPLACE OF FATHER (State or country)	Howard Co.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Hod Carrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Fuller

(Address) 1621 Pressbury st

Filed 9/17 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 14 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Sept 14 1907 that I last saw h alive on Sept 14 1907 and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Hemorrhage of lungs

(DURATION) 2 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Stanislaus Cohen M. D.

9/17 1907 (Address) 1621 Fuller

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Cross Catholic Cemetery

DATE OF BURIAL Sept 17 1907

UNDERTAKER JAMES H. DENNIS

ADDRESS 1332 PRESSTMAN ST.

Ward 10 C 4808 Registered No. B C 4808

CERTIFICATE OF DEATH. 1054

(Place of Death.) No. 2869 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T. Heiser

{Residence, if in Baltimore, Give Street and Number.} 2869 E. Fayette st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: July 12 1906

AGE: 1 years, 2 months, 5 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John T. Heiser

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna M. Abell

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Heiser

(Address) 2869 E. Fayette st.

Filed 9/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH SEP 17 1907 190

I HEREBY CERTIFY, That I attended deceased from Sept 16th 1907 to Sept 17th 1907 that I last saw him alive on Sept 17th 1907 and that death occurred, on the date stated above, at 6:20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis & Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk J Hillsons M.D.

Address 2402 E. Fayette St

Date Sept 17 1907

Place of Burial MT. CARMEL CEMETERY.

Date SEP 18 1907

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4809 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2441 E Monument St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John N Stout

{ Residence, if in Baltimore, Give Street and Number. } 2441 E Monument St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr. 10 1868

AGE: 39 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Martin F Stout

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Butler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: News dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Stout

(Address) 2441 E Monument St

Filed 9/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug 5 1907 to Sept 17 1907

that I last saw him alive on Sept 16 1907

and that death occurred, on the date stated above, at 3 40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pleurisy

Pneumonia

about 6 weeks (DURATION) DAYS

Con'tributory (Primary.) Ex Laudanum

(DURATION) 7 DAYS

(Signed) Adolph C Eisenberg M.D.

Address 2213 Orleans St

Date Sept 17 1907

Place of Burial OAK LAWN CEMETERY.

Date SEP 19 1907 190

Undertaker Christian Miller,

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

154 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4810

City of Baltimore, (No. 1637, St. Joseph St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James W Collins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: C

DATE OF BIRTH: — (Month) 1 (Day) — (Year)

AGE: 75 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Jackson

(Address) 1637 St Joseph St

Filed 9/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep (Month) 15 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from about one month 190 to Sep 15 1907

that I last saw h[er] alive on Sep 13 1907, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

General Debility

About one y[ear] (DURATION) DAYS

Contributory

Exhaustion (DURATION) DAYS

(Signed) C W White M. D.

Sept 16 1907 (Address) 1101 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Sept 17 1907

UNDERTAKER: Chas G Bailey

ADDRESS: [illegible] Jefferson

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 4811 Registered No. B C 4811

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1001 Concord Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Russell

{Residence, if in Baltimore, Give Street and Number.} 1001 Concord Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: April 15 1902

AGE: 5 years, 5 months, — days

SINGLE, MARRIED, WIDOWED OR DIVORCED

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: David Russell

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Maggie Reynolds

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Russell

(Address) 381 over Concord St

Filed 9/17/1907 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 17th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 17 1907

that I last saw h alive on Sept 16 1907,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteric Colitis

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Alg Bacon M.D.

Address 1 W Eager

Date Sept 17 1907

Place of Burial St. Vincents

Date Sept. 18, 1907

Undertaker H C Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

45 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4812

City of Baltimore, (No. 1024, Valley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Leland

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White

DATE OF BIRTH: not known (Month) (Day) 1850 (Year)

AGE: 56 years, not known months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland Co Roscommon

FULL NAME OF FATHER: Thos Leland

BIRTHPLACE OF FATHER (State or country): Co Roscommon Ireland

MAIDEN NAME OF MOTHER: Bridget Martin

BIRTHPLACE OF MOTHER (State or country): Co Roscommon Ireland

OCCUPATION OF DECEASED: Plumber & Gas fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Leland

(Address) 706 E Biddle St

Filed 9/17 1907

HARRY O. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 15 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1907 to Sept 1907

that I last saw him alive on Sept 15 1907,

and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 7 DAYS

* Carcinoma

Contributory

about 5 or 6 mos

(DURATION) DAYS

(Signed) Mary F Coreglenn M. D.

Sept 16 1907 (Address) 1028 Valley St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Sept. 18, 1907
UNDERTAKER	ADDRESS
H. C. Weidefeld	917 Greenmount Av.

* Post-nasal and throat
a. D. J.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 4813 Registered No. B C 4813

CERTIFICATE OF DEATH. IV

(Place of Death.) No. 222 Laurens St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank M. Porch

{Residence, if in Baltimore, Give Street and Number.} 222 Laurens St

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 20 1856

AGE 50 years, 11 months, 27 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Bridgeton N. J.

FULL NAME OF FATHER Stephan G Porch

BIRTHPLACE OF FATHER (State or country) N. J.

MAIDEN NAME OF MOTHER Julia A. Mulford

BIRTHPLACE OF MOTHER (State or country) N. J.

OCCUPATION OF DECEASED Supt Industrial Reserve

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sadie F Porch

(Address 222 Laurens St

Filed 9/17 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 th, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1907 to Sept 16 1907

that I last saw h she alive on Sept 16 1907

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

Seconds (DURATION) DAYS

Contributory (Primary) Pyaemia Fever

3 wks. (DURATION) DAYS

(Signed) Walter Baly M.D.

Address 2020 N. Charles St.

Date Sept. 17 th 1907

Place of Burial Druid Ridge Cem

Date September 19 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 07 C 4814 Registered No. B C 4814

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles E. Jackson

{ Residence, if in Baltimore, Give Street and Number. } 239 Clairmount St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	14 Feb 1875
AGE	32 years, 7 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto County
FULL NAME OF FATHER	Chas M Jackson
BIRTHPLACE OF FATHER (State or country)	Hartford County
MAIDEN NAME OF MOTHER	Agnes Barker
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Boiler [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Jackson

(Address) # 239 Clairmount St

Filed 9/17 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 15, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1907 to Sept. 15 1907 that I last saw h[illegible] alive on Sep. 15 1907, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia and Haemorrhage

(DURATION) 14 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 21 DAYS

(Signed) Eugene L. Pessano M.D.

Address St Joseph's Hospital

Date Sept 15 1907

Place of Burial Oak Lawn

Date Sep. 16 1907

Undertaker R. J. Turner.

Address 1442 N Broadway.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B 4815

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Baltimore City Hospital — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethelmar Walter Stuart

{ Residence, if in Baltimore, Give Street and Number. } 1223 Madison av

Duration of Residence in Baltimore. life.

a 4815

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: White

DATE OF BIRTH: January 14 1869

AGE: 38 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Hugh T. Stuart

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Catherine Fred

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Ella B. Stuart

(Address) 1123 Madison ave

Filed 9/17 1907

HARRY C. ANDR[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 17 1907 that I last saw h[illegible] alive on Sept 17 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis —

(DURATION) — DAYS

Contributory (Primary.) Exhaustion —

(DURATION) 3 DAYS

(Signed) [signature] M.D.

Address Balto City Hospital

Date Sept 17 — 1907

Place of Burial Baltimore Va

Date Sept 18 — 1907

Undertaker E.W. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 4815 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 N Chapel st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Sima

{ Residence, if in Baltimore, Give Street and Number. } 420 N Chapel st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Charles Sima

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Barbara Trojan

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Sima

(Address) 420 N. Chapel St.

Filed 9/17 1907

HARRY O. ARDREY. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Sept 16 1907

that I last saw him alive on " 190 ,

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Inanition.

(DURATION) 10 DAYS

Contributory (Primary.)

Cardiac Asthenia (DURATION) DAYS

(Signed) D. J. Physician M.D.

Address 2001 Eastland Ave

Date Sept. 17 1907

Place of Burial St Alphonsus

Date Sept 18 1907

Undertaker Frank Brach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4817 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 612 Collett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helena Simms

{Residence, if in Baltimore, Give Street and Number.} 612 Collett st.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH May 9th 1902

AGE ..... years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED child

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Bernard Simms

BIRTHPLACE OF FATHER (State or country) Chas Co. Md.

MAIDEN NAME OF MOTHER Eva Thornton

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva Simms

(Address) 612 Collett st.

Filed 9/17 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 16th 1907 to Sept 16th 1907

that I last saw her alive on Sept 16 1907,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum (DURATION) 7 DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) F. C. Leith M.D.

Address 1313 W Northern

Date Sept 17th 1907

Place of Burial Mt. Auburn

Date Sept. 18 1907

Undertaker Alex Hemsley

Address 678 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 4818 Registered No. B C 4818

56 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Jhu University Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE adl 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/17 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 25 1907 to Aug 27 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Delirium Tremens

(DURATION) DAYS

Contributory (Primary.)

Fractured leg (DURATION) DAYS

(Signed) P D Martin M.D.

Address

Date Sept 13 1907

Place of Burial JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Date SEP 17 1907 Commissioner Health,

Undertaker

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

#203

Ward 1 C 4819 Registered No. B C 4819

1084

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Dixon

{Residence, if in Baltimore, Give Street and Number.} 1033 N Caroline St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1878

AGE 29 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Milliner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bush

(Address) 1033 N. Caroline st

Filed 9/18" 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 16 1907

that I last saw h[illegible] alive on Sept 16 1907, and that death occurred, on the date stated above, at 4 25 M. CAUSE OF DEATH (Secondary or Immediate.)

General Peritonitis

(DURATION) DAYS

Contributory (Primary.) Intestinal Obstruction

(DURATION) DAYS

(Signed) Harry L. Horner M.D.

Address Johns Hopkins Hospital

Date Sept. 16 1907

Place of Burial Lexington Va

Date Sept 17th 07 1907

Undertaker J. Henry Lutz

Address 1007 N. Bond

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — C 4820 — Registered No. B ——

CERTIFICATE OF DEATH.

(Place of Death.) No. 40 South Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie E. Redding.

{Residence, if in Baltimore, Give Street and Number.} 40 S. Green St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Sept 1
AGE	59. years, — months, — days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Redding

(Address) 938 Franklin Rd.

Filed 9/18/07 190..

HARRY O'T ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Sept 17 1907 that I last saw h[illegible] alive on Sept 17 1907, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Nephritis & Cardiac insufficiency — (DURATION) — DAYS

(Signed) J. M. Legg M.D.

Address University Hospital

Date September 19 1907

Place of Burial ~~Western~~ Loudon Park Cem.

Date September 19 1907

Undertaker Joseph B Cook

Address 100 E. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 4821 Registered No. B C 4821

14 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 N. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Addison

{Residence, if in Baltimore, Give Street and Number.} 408 N. Hoffman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 38 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Isaac Addison

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Louisa Jackson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Addison

(Address) 408 N Hoffman St

Filed 9/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 16 1907

I HEREBY CERTIFY, That I attended deceased from Sep 5 1907 to Sep 16 1907

that I last saw him alive on Sep 16 1907

and that death occurred, on the date stated above, at 7:15

11. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Dysentery & Chronic Gastritis with dilatation of Stomach

Three weeks (DURATION) — DAYS

Contributory (Primary.) Puerperal Sepsis

(DURATION) — DAYS

(Signed) Edward Wheatley M.D.

Address 731 S. Hill Ave

Date Sep 18 1907

Place of Burial Mt Auburn

Date Sept 18 1907

Undertaker Abr. Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C 4822 Registered No. B 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1641 Barnes st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emil Sladek

{Residence, if in Baltimore, Give Street and Number.} 1641 Barnes st

Duration of Residence in Baltimore. 23 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Martin Sladek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emeton Sladek

(Address) 1417 N Washington

Filed 9/18/07 190

[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1907

I HEREBY CERTIFY, That I attended deceased from Sept-16- 1907 to Sept-17- 1907

that I last saw him alive on Sept. 16 1907

and that death occurred, on the date stated above, at 1030 A M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 12 DAYS

(Signed) Chas. B. Fuge M.D.

Address 830 N Broadway

Date Sept-17- 1907

Place of Burial St Elphonsus.

Date Sept. 19 1907

Undertaker Frank Grach

Address 1904 Ashland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4823 Registered No. B C 4823 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Seiwa

{ Residence, if in Baltimore, Give Street and Number. } 420 N. Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Chas Seiwa

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Barbara Zeman

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Zeman

(Address) 420 N. Chapel St

Filed 9/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Septmber 17 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 28 1907 to Sept 16 1907

that I last saw him alive on 1907

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestitial

(DURATION) DAYS

Contributory (Primary.) Cardiac Stenosis (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 2008 Eastern Ave

Date Sept. 18 1907

Place of Burial St Alphonsus

Date Sept 18 1907

Undertaker Frank Grach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 4824 Registered No. B C 4824

61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 Reuse al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna M. Dennis

{Residence, if in Baltimore, Give Street and Number.} 529 Reuse al

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: C. Dennis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Bertha Hueston

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Dennis

(Address) 529 Reuse al

Filed 9/18 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Sept 16 1907

that I last saw h[illegible] alive on Sept 16 1907

and that death occurred, on the date stated above, at 4.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Baldcomb M.D.

SOUTHERN DISPENSARY
326 W. HILL ST.
HOURS: 8 A. M.—2 P. M.
DR. C. W. LODKOENIG
PHYSICIAN IN CHARGE.

Address

Date 190

Place of Burial Mt Auburn

Date Sept 18 1907

Undertaker Jno N. Tradum

Address 142 w Hill st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10X C 4825 Registered No. B C 4825

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 810 N Wdatcoat — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Liza Gardner

{Residence, if in Baltimore, Give Street and Number.} 810 N Wdatcoat St

Duration of Residence in Baltimore. 4 Months.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Color

DATE OF BIRTH ....1....

AGE 67 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER — —

BIRTHPLACE OF FATHER (State or country) — —

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — Va

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elen Pratt

(Address) 810 N Wdatcoat St

Filed 9/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17, th 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 3rd 1907 to Sept 16th 1907 that I last saw h[illegible] alive on Sept 15th 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia —

(DURATION) 3 DAYS

Contributory (Primary) Arteriosclerosis

Chronic Nephritis, Valvular murmurs (DURATION) — DAYS

(Signed) J. M. Hayes M.D.

Address 901 N. Fulton Ave

Date Sept. 17th 1907.

Place of Burial Ardbeler Cattonsville

Date 2[illegible]12 1907

Undertaker W. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 4820 Registered No. B C 4820

CERTIFICATE OF DEATH.

120 ✓

(Place of Death.) No. St. Joseph's German Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Miller

{Residence, if in Baltimore, Give Street and Number.} 1544 N. Gay St.

C 4820

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 31 1837

AGE: 70 years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Frederick

FULL NAME OF FATHER: Fred Miller

BIRTHPLACE OF FATHER (State or country): Frederick . Md

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Frederick

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Miller

(Address) 1544 N. Gay St

Filed 9/18 1907

HARRY C. ABRAMS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 17 1907

I HEREBY CERTIFY, That I attended deceased from May 7 1907 to Sept. 16 1907

that I last saw him alive on Sept 16 1907,

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs

36 hrs. (DURATION) DAYS

Contributory (Primary.) Arterio-sclerosis

Chr. nephritis (DURATION) DAYS

(Signed) Con. Schmitt M.D.

Address St Joseph's Hosp.

Date Sept. 17 1907

Place of Burial Frederick City Md

Date Sep 18th 1907

Undertaker [illegible] Lutz

Address [illegible] E. Patrick St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 4827 Registered No. B C 4827

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 Plum alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ellen Garbe

{Residence, if in Baltimore, Give Street and Number.} 1211 Plum alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 20 1872

AGE 35 years, all but 3 days months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James. Lee

BIRTHPLACE OF FATHER (State or country) County Limick Ireland

MAIDEN NAME OF MOTHER Nora Quaid

BIRTHPLACE OF MOTHER (State or country) County Limick Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Garbe

(Address) 1211 Plum Alley

Filed 9/18" 1907 HARRY O'N ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 a 1907

I HEREBY CERTIFY, That I attended deceased from May 18 1907 to Sept 17 a 1907 that I last saw h alive on Sept 16 a 1907, and that death occurred, on the date stated above, at 12 15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Sept 17 a 1907

Place of Burial St. Peters

Date Sept 19 a 1907

Undertaker J. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 4828 Registered No. B C 4828

CERTIFICATE OF DEATH.

(Place of Death.) No. 32 ½ Railroad ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Marion Pierce

{Residence, if in Baltimore, Give Street and Number.} 32 Railroad ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: White | COLOR: Female

DATE OF BIRTH: Sept 9 1907

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thos. L. Pierce

BIRTHPLACE OF FATHER (State or country): Balto Co.

MAIDEN NAME OF MOTHER: Lillie Wantz

BIRTHPLACE OF MOTHER (State or country): Balto, Co,

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos L Pierce

(Address) 32 Railroad ave

Filed 9/18 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 TC 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw him alive on Sept 11 1907

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

..... (DURATION) ..... DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) D W Smyth M.D.

Address 296 - 3rd ave

Date Sept 17. 1907

Place of Burial St Marys Hampden

Date Sep 18 1907

Undertaker Chenoweth & Son

Address 9193rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 2111 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E Rock

{Residence, if in Baltimore, Give Street and Number.} 2111 McElderry st

Duration of Residence in Baltimore. Life

C 1829

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 1860

AGE: 47 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Thos. J. McDermott

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER ~~McDermott~~ Tracey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Rock

(Address) 2111 McElderry St.

Filed 9/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Sept 16 1907 that I last saw her alive on Sept 16 1907, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

about one year (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

one week (DURATION) ..... DAYS

(Signed) Adolph C Eisenhart M.D.

Address 2213 Orleans St

Date Sept 17 1907

Place of Burial New Cathedral Cem.

Date September 19 1907

Undertaker Wm. McGinnis-Le Carroll

Address 1227 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 4830 Registered No. B ..... C 4830

1647

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. Connors

{Residence, if in Baltimore, Give Street and Number.} 915 Valley St

Duration of Residence in Baltimore. 15 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Iowa

FULL NAME OF FATHER Richard Conner

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridgt Hickey

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard J. Connor

(Address) 92x Eutaw St.

Filed 9/18 1907

CLERK OF ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 a m. CAUSE OF DEATH (Secondary or Immediate)

Basil Fracture (Ped.)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Gregor Daniels M.D.

Address Coroner

Date Sept. 16. 07 190

Place of Burial Cathedral Cem.

Date Sept 19th 1907

Undertaker Wm Conway

Address 602 E. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

43 v

CERTIFICATE OF DEATH.

C 4831

Registered No. B .....

City of Baltimore, (No. 1547 Riggs ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Dixon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 44 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dennis

(Address) 1332 Presstman

Filed 9/18 1907

HARRY O. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 16. (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Sept 16 1907

that I last saw her alive on Sept 16 1906,

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Cancer of Both Breasts

(DURATION) 120 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) Geo W Barnes M. D.

Sept 18 1907 (Address) 703 N Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Zion — DATE OF BURIAL: Sept 18 1907

UNDERTAKER: James H Dennis — ADDRESS: 1332 Presstman

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 4832 Registered No. B 105V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2520 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. N. Barnes

{ Residence, if in Baltimore, Give Street and Number. } 2520 Hudson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 25 1906

AGE: — years, 10 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas Barnes.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Agnes Sheppard

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Sheppard

(Address) 2520 Hudson St.

Filed 9/18 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 15 1907

that I last saw him alive on Sept 15 1907,

and that death occurred, on the date stated above, at 12.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date Sept 17 1907

Place of Burial Methodist Cemetery

Date September 18 1907

Undertaker Zirkler + Zirkler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B ..... C 4855

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Hill

{Residence, if in Baltimore, Give Street and Number.} 1105 Woodyear St.

Duration of Residence in Baltimore... all life

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR W
DATE OF BIRTH	1
AGE ..... years, 8 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	Henry Hill
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Carrie Hill
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Hill

(Address) 1105 Woodyear St

Filed 9/18/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1907 to Sept. 17 1907 that I last saw h[er] alive on Sept. 16 1907, and that death occurred, on the date stated above, at 9:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis 4 or 5 days. (DURATION) ..... DAYS

Con'tributory (Primary.) Bronchitis (DURATION) 6 mos. DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date Sept. 17, 1907.

Place of Burial St Peters

Date Sept 18th 1907

Undertaker Alfred J. Freeland

Address 106 Sheldon St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 4834 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Michael

{Residence, if in Baltimore, Give Street and Number.} Westminster, Md

Duration of Residence in Baltimore. 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Sept 12th~~ 1907

AGE: 4 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Fredk. Co

FULL NAME OF FATHER: John H. Michael

BIRTHPLACE OF FATHER (State or country): Fredk. Co.

MAIDEN NAME OF MOTHER: Sarah Brandenburg.

BIRTHPLACE OF MOTHER (State or country): Fredk.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Westley Michael.

(Address) New Windsor, Md.

Filed 9/18 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17th 1907

I HEREBY CERTIFY, That I attended deceased from 9/12th 1907 to 9/17 1907 that I last saw him alive on 9/17 1907, and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Carcinoma of Rectum

(DURATION) — DAYS

(Signed) C. W. Roberts M.D.

Address University Hospital

Date Sept 18th 1907

Place of Burial Westminster Carroll Co. Md.

Date Sept 18th 1907

Undertaker B. Schlosman & Son

Address 103 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 4835 Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 101 Brady Ava . St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgeanna K Kahl.

Residence, if in Baltimore, Give Street and Number. 101 Brady Ava .

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 23 Rd 1876

AGE: 31 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: George Kahl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna George

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Kahl

(Address) 101 Brady Ava

Filed 9/18 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 Th 1907

I HEREBY CERTIFY, That I attended deceased from Apl. 11 Th 1907 to Sept. 16 Th 1907 that I last saw her alive on Sept. 16 Th 1907, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

3 yrs. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. T. Reynolds M.D.

Address 2004 St. Paul St.

Date Sept. 17 Th 1907

Place of Burial Loudon Park Cemetery

Date Sept 19 Th 1907

Undertaker Wm J Tickner & Sons

Address Camden & Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4836

City of Baltimore, (No. 104 N. Sticker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Samuel Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Saml. L Cohen

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Littauer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S L Cohen

(Address) 104 N Sticker St

Filed 9/18 1907

BARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) – 16 (Day) – 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug – 6 – 1907 to Sep. 16 1907 that I last saw him alive on Sep. 16 1907, and that death occurred, on the date stated above, at 11.20 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever –

(DURATION) 41 DAYS

Contributory Toxaemia (Typhoid)

(DURATION) 41 DAYS

(Signed) Wellington P. Stubbs M. D.

Sep. 17 1907 (Address) 647 N. Calhoun St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem	Sept 19 1907
UNDERTAKER	ADDRESS
Hart & Sondheim	923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4837

Registered No. B .....

City of Baltimore, (No. 428, N Pegeatu St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Lockel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep (Month) 16 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sep 10 1907 to Sep 16 1907

that I last saw him alive on Sep 15 1907,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

.....

.....

General Debility

About one month (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) W W White M. D.

Sep 16 1907 (Address) 1101 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury

DATE OF BURIAL: Sept 18th 1907

UNDERTAKER: Wm J Gorsuch

ADDRESS: 1421 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — C 4838 — Registered No. B ... C 4838

175

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hosp. Baltimore. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lodenzo Howe Lockard.

{Residence, if in Baltimore, Give Street and Number.} North Bend. Frederick Rd.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White

DATE OF BIRTH: 5/21 1839.

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Baltimore Co. Md.

FULL NAME OF FATHER: Henry Lockard.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Bell Lockard

(Address) 131 S. Stricker st

Filed 9/18" 1907 HARRY G. ... Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9/16 1907.

I HEREBY CERTIFY, That I attended deceased from 6/23 1907 to 9/16 1907 that I last saw him alive on Sept 16 1907, and that death occurred, on the date stated above, at 12 ... M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia

(DURATION) 9 DAYS

Contributory (Primary.) Hypertrophied Prostate (DURATION) 5 months

(Signed) J. Th. Bird M.D.

Address University Hosp.

Date 9/16 1907

Place of Burial Loudon Park

Date Sept. 18th 1907

Undertaker C. Jones

Address 216 S. Stricker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4839

Registered No. B

City of Baltimore, (No. 1103 N Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Estell Kenaymore

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 8 (Day) 1907 (Year)

AGE: ..... years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Eden Perkins

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson

(Address) 1103 N. Eden St.

Filed 9/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Sept 17 1907 that I last saw h er alive on " " 1907, and that death occurred, on the date stated above, at 11 a m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 20 DAYS

Contributory Heat & Flood

(DURATION) DAYS

(Signed) E. L. Peterson M. D.

Sept 17 1907 (Address) 1103 N. Eden St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Bethlehem

DATE OF BURIAL: 9-18 1907

UNDERTAKER: Robt Bowers

ADDRESS: 17 S Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4840

City of Baltimore, (No. Garrison ~~Edgewood~~ Bonner Rd
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] Forrest Park city St.; Ward)

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosaline McKnew Robson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) 30 (Day) 1857 (Year)

AGE: 50 years, ____ months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: married

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Joseph A McKnew

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Louisa Murray

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Robson

(Address) Forrest Park, city.

Filed 9/18 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 17th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Sept 17th 1907 that I last saw h-e alive on Sept 17th 1907, and that death occurred, on the date stated above, at 9.35 P.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

Eighteen Months (DURATION) ____ DAYS

Contributory stomach trouble (DURATION) 30 DAYS

(Signed) E C Cole M. D.

190 (Address) 1534 W. Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Sept 20th 1907

UNDERTAKER: Geo J Smith Co

ADDRESS: 1010 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105 V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 4841

Registered No. B

City of Baltimore, (No. 1124 N. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Lewis Bentz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White

DATE OF BIRTH: Sept (Month) 18. (Day) 1907 (Year)

AGE: X years, 3 months, X days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Arthur G. Bentz

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Eva M. Edwards.

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: X

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Forston M.D.

(Address) 1136 W. Lexington St.

Filed 9/18 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 18 (Day) 1907 (Year)

3 a m.

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to X

that I last saw him alive on Sept 17 1907 at 10 P m

and that death occurred, on the date stated above, at 3 a m.

Sept 18 The CAUSE OF DEATH was as follows:

Cholera Infantum

Under Medical care from.

10 P m. Sept-17 (DURATION) — DAYS

Contributory, few hours (DURATION) DAYS

(Signed) C H Forston M. D.

Sept 18 1907 (Address) 1136 W Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Olivet

DATE OF BURIAL: Sept 19 1907

UNDERTAKER: Geo. J. Smith Co

ADDRESS: 1500 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 4842 Registered No. B ?

CERTIFICATE OF DEATH.

(Place of Death.) No. 1705 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura G. Bucher

{Residence, if in Baltimore, Give Street and Number.} 1705 N Durham

Duration of Residence in Baltimore. life = 26 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 20 1707

AGE ..... years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Benjamin Bucher

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Laura Hayle

BIRTHPLACE OF MOTHER (State or country) Balto Co md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjamin Bucher

(Address) 1705 N Durham St

Filed 9/18 1907

WM. J. C. DULANY'S PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 16th 1907

I HEREBY CERTIFY, That I attended deceased from Sep 14 1907 to Sep 16 1907

that I last saw her alive on Sep 16 1907

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 16 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm J Watson M.D.

Address 5 W Preston St

Date Sep 17 1907

Place of Burial Hebrew Cemetery Parkville Balto Co Md

Date Sept 1907

Undertaker E. R. I. Sumner

FUNERAL DIRECTOR.

Address 1422 N Edmon

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17th C 4843 Registered No. B C 4843

CERTIFICATE OF DEATH.

(Place of Death.) No. 1103 S. Patterson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leslie Kellogg

{Residence, if in Baltimore, Give Street and Number.} ~~Same~~ 1103 S. Patterson Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	January 8th 1907
AGE	years, 8 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Theodore R Kellogg
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Laura V. Neal
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore R. Kellogg

(Address) 1103 S. Patterson Ave

Filed 9/18 1907

HARRY C. ANDERSON
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Sept. 16 1907 that I last saw h[im] alive on Sept 16 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) — DAYS

Con'tributory (Primary)

Exhaustion (DURATION) 5 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Paulon St.

Date Sept. 17 1907

Place of Burial Loudon Park Cem

Date Sept. 18 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1703-1710 Caroline Avenue

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B C 4844

C 4844

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lawrence Doyle

{ Residence, if in Baltimore, Give Street and Number. } 406 S. Durham st

Duration of Residence in Baltimore. 46

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 8th 1845

AGE: 62 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Doyle

(Address) 406 S. Durham St

Filed 9/18 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190[illegible],

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Alcoholism

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 216 N. Carolina Ave Coroner

Date Sept 17-07 190[illegible]

Place of Burial Baltimore Cem

Date Sept 18 190[illegible]

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1703-1710 Gough Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4845

Registered No. B

City of Baltimore, (No. 631, N. Eden St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caleb Stanley

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: B

DATE OF BIRTH: 8 (Month) 6 (Day) 1907 (Year)

AGE: ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Caleb Stanley

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Cornish

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Stanley

(Address) 631 N Eden St

Filed 9/18" 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 17 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 9/1 1907 to 9/17 1907

that I last saw h... alive on 9/17 1907,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 18 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) R. A. Urquhart M. D.

190 (Address) 2 W. Dispensary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Sept 18th 1907

UNDERTAKER: Wm J. Jackson

ADDRESS: 142 Mulberry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 C 4846 Registered No. B [illegible] 12 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Truschke

{Residence, if in Baltimore, Give Street and Number.} 922 S Curley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 12 1895

AGE 8 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Truschke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Loss

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Truschke

(Address) 922 S Curley St

Filed 9/18 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 16 1907 to Sept 17 1907

that I last saw h[illegible] alive on Sept 17 1907 7 30

and that death occurred, on the date stated above, at [illegible]

M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. W. Clough M.D.

Address Johns Hopkins Hosp

Date Sept 18 1907

Place of Burial Sacred Heart cem.

Date Sept. 20 1907

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward P C 4847 Registered No. B C 4847

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Gerard Ave. West Woodberry St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Virginia Elizabeth Daly

{Residence, if in Baltimore, Give Street and Number.} 1 Girard Ave. West Woodberry C-4847

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 4th 1857

AGE 50 years, 7 months, 12 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Lancaster Co. Va.

FULL NAME OF FATHER Wm. G. Mitchell

BIRTHPLACE OF FATHER (State or country) Lancaster Co. Va

MAIDEN NAME OF MOTHER Sarah E. Sorrell

BIRTHPLACE OF MOTHER (State or country) Northumberland Co. Va

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. T. Daly, Jr.

(Address) 1 Girard Ave, W.W.

Filed 9/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16th 1907

I HEREBY CERTIFY, That I attended deceased from June 29th 1907 to Sept 16th 1907 that I last saw her alive on Sept. 15th 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Gangrene of the left foot.

(DURATION) 36 DAYS

Contributory (Primary.) Valvular disease of heart (DURATION) 2 years DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Sept. 14th 1907

Place of Burial Druid Ridge

Date Sept- 19- 1907

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4848 Registered No. B ..... C 4848

1790

CERTIFICATE OF DEATH.

(Place of Death.) No. Eastern Dist Patrole wagon to Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Lambert

{ Residence, if in Baltimore, Give Street and Number. } 704 S Dallis st

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 9/18 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-12 = 1907

I HEREBY CERTIFY, That I attended deceased from —— 190 .... to — 190 ....

that I last saw h — alive on — 190 ....,

and that death occurred, on the date stated above, at ....

.... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) .... DAYS

Contributory (Primary.) .....

(DURATION) .... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Green St

Date .... 190 ....

Place of Burial Oak Lawn Cem

Date Sept 17th 1907

Undertaker Allen Abbey Jno W Lemmon

Address 801 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4849 Registered No. B C 4849

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 113 E West. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name George A. Lilz

{Residence, if in Baltimore, Give Street and Number.} 113 E West St

Duration of Residence in Baltimore. 62 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 23 1821
AGE	86 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower.
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	not known.
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Lilz. (Son)

(Address) 113 E West St

Filed 9/18/07 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1907 to Sept 16th 1907 that I last saw him alive on Sept 15th 1907, and that death occurred, on the date stated above, at 9.50 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Biedler M.D.

Address 119 W. Lanvale St

Date Sept 17th 1907

Place of Burial Holy Redeemer.

Date Sept 19 1907

Undertaker E Hasle

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 4850 Registered No. B C 4850

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Reina -

{ Residence, if in Baltimore, Give Street and Number. } 414 Forrest St -

Duration of Residence in Baltimore. 4 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1842

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy -

FULL NAME OF FATHER: Joseph Reina

BIRTHPLACE OF FATHER (State or country): Italy -

MAIDEN NAME OF MOTHER: Vincenza —

BIRTHPLACE OF MOTHER (State or country): Italy -

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Reina

(Address) 414 Forrest St.

Filed 9/18 1907

HARRY C. ANDREWS, FAMILY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 - 16 1907

I HEREBY CERTIFY, That I attended deceased from 6 - 12 1907 to 9 - 15 1907 that I last saw h[illegible] alive on 9 - 15 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Enlarged prostate -
Retention of urine + relieved by catheter for last (DURATION) 3 yrs
Contributory (Primary.) operation -
Sepsis - (DURATION) 3 Mo DAYS -

(Signed) S. Amarco M.D.

Address 1604 Linden Ave

Date 9 - 16 - 07

Place of Burial St Vincents Cemetery

Date Sept 17th 1907

Undertaker Germanno Frances

Address Cor. Bank & Wolfe sts.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 C 4851 Registered No. B [illegible] 1211 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 831 Calverton Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John F Dobbin

{ Residence, if in Baltimore, Give Street and Number. } 831 Calverton Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Francis McDabbin

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Susana Franklin

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Viola Bauer

(Address) 602 N Fremont St

Filed 9/18 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12th 1907 to Sept 17th 1907 that I last saw h[illegible] alive on Sept 17 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Congestion of Kidneys. Convulsions Asthenia

(DURATION) 7 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) John F McCauley M.D.

Address 656 W Fremont St

Date Sept 18th

Place of Burial Druid Hill Park Balto Co Md

Date Sept 19 1907

Undertaker Lem Cook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1441

CERTIFICATE OF DEATH.

Registered No. B C 4852

City of Baltimore, (No. ..... Church Home + Infirmary St.; ..... Ward.

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christian Ott

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... (Year)

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Philip Ott

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Speck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. F. Bailey

(Address) 1451 Boyle St

Filed 9/18 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ..... (Month) Sept 18 (Day) ..... 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 18 1907

that I last saw him alive on Sept 17 1907,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Abdominal Abscess

(DURATION) 18 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. K. Grosham M. D.

Sept 18 1907 (Address) 1303 Light St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1235 Mall St How long at Place of Death? 5 Days

Where was disease contracted, if not at place of death? 1235 Mall St

PLACE OF BURIAL OR REMOVAL: Schwartz's Cemetery

DATE OF BURIAL: Sept 21st 1907

UNDERTAKER: William Bost

ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... C 4853 Registered No. B ..... C 4853

CERTIFICATE OF DEATH.

(Place of Death.) No. 605 S Sanford ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J Honan

{ Residence, if in Baltimore, Give Street and Number. } 605 S Sanford ave

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER John Honan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry st

Filed 9/18 1907 HARRY C. ANDREWS, PUBLIC CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Thos Sadler M.D.

Address 320 ½ Greene St

Date Sept 17 1907

Place of Burial New Cathedral

Date September 19 1907

Undertaker M Cadogan

Address 696 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 4854 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Wallace

{Residence, if in Baltimore, Give Street and Number.} St Vincent

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH	1
AGE	years, 1 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/18 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address

Date Sept 18 1907

Place of Burial New Cathedral

Date Sept 19 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 4855 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John O Keefe

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 9/18 1907

HARRY C. AMBERGER, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 190 to Sept 18 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

Acute Infantile [illegible] (DURATION) 2 hours

(Signed) B J Martin M.D.

Address

Date Sept 18 1907

Place of Burial Long Green Bapt Ch Balto Co Md
Greenmount Cathedral

Date Sept 19 1907

Undertaker Martin Fackey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 0 48.96

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2473 Druid Hill Ave St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Master Bernard Rutherford

{Residence, if in Baltimore, Give Street and Number.} 2473 Druid Hill Ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 21 1906

AGE 1 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Oliver Rutherford

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mamie Glenn

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver Rutherford

(Address) #2473 Druid Hill Ave

Filed Sept 19 1907

HARRY C. ANDREWS CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 190

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 17 1907 that I last saw h alive on Sept 17 1907 and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate

Asthenia

(DURATION) 17 DAYS

Contributory (Primary.) Gastro Enteritis (DURATION) 17 DAYS

(Signed) Arthur Heggtveit M.D.

Address 2031 Eutaw Pl

Date Sept 17 1907

Place of Burial St Patrick Cemetery

Date Sept 19 1907

Undertaker Robt T Turner

Address 1442 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and **the cause and date of death.**

Ward 14 C 4857 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Meare

{ Residence, if in Baltimore, Give Street and Number. } 1905 Etting St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee

COLOR: Colored

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt city

FULL NAME OF FATHER: Joseph Mcgill

BIRTHPLACE OF FATHER (State or country): Balt city

MAIDEN NAME OF MOTHER: Sarah Mazell

BIRTHPLACE OF MOTHER (State or country): Not

OCCUPATION OF DECEASED: House mark

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 1905 Etting St

(Address) William Meare

Filed 9/19/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 16 1907

that I last saw her alive on Sept 16 1907,

and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 2 DAYS

Contributory (Primary.) "

(DURATION) 1 DAYS

(Signed) H. S. McCard M.D.

Address 3005 Druid Hill Ave

Date Sept 18 1907

Place of Burial Mt Auburn Cemetery

Date Sep 19 1907

Undertaker Geo H Hooper

Address 609 Little Pack St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4858 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1507 York Rd. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Hopkins

{ Residence, if in Baltimore, Give Street and Number. } York Rd.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov 8 1838
AGE	68 years, 10 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Bals Md
FULL NAME OF FATHER	John Andrews
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary Seabright
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hopkins

(Address) 1507 York Road

Filed 9/19/1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17- 1907

I HEREBY CERTIFY, That I attended deceased from about 1906 one year 1906

that I last saw h-- alive on Sept 6 1907,

and that death occurred, on the date stated above, at 2.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Brights-disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Balto Sept. 17 1907

Place of Burial Greenmount Cemetery

Date Sept. 19th 1907

Undertaker Robt J Turner

Address 1722 N. Gilmor

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4859

City of Baltimore, (No. St. Frances Convent, E. Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Irene Marin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Negro

DATE OF BIRTH: ..... (Month) ..... (Day) 1900 (Year)

AGE: 7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York City

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mary Marianne

(Address) St. Frances Convent

Filed 9/19/1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to Sept 1907 that I last saw h[illegible] alive on Sept 17. 1907, and that death occurred, on the date stated above, at 7.35 P.M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 4 DAYS

Contributory Tuberculas Peritonitis.

About 5 mos. (DURATION) ..... DAYS

(Signed) Mary F Vaughan M.D.

Sept 18 1907 (Address) 1028 Valley St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross Cemetery

DATE OF BURIAL: Sept 19 1907

UNDERTAKER: Edwards & Byrne

ADDRESS: 302 N Eden St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4860

Registered No. B.....

City of Baltimore, (No. 803 Florence St.; —— Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick N. Hullett.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. (Month) 8 (Day) 1907 (Year)

AGE: ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: E. F. Hullett.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarah E Hall

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. F. Hullett

(Address) 883 Fremont Ave

Filed 9/19 1907

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1907 to Sept 18 1907 that I last saw h[illegible] alive on Sept 18 1907, and that death occurred, on the date stated above, at 12-30 P.M. The CAUSE OF DEATH was as follows:

Ephuston (DURATION) ..... DAYS

Contributory Grabs Entrits (DURATION) 4 DAYS

(Signed) F. N. Hullett M. D.

9/18 1907 (Address) 317 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem

DATE OF BURIAL: Sep 19 1907

UNDERTAKER: Jos. B. Cook,

ADDRESS: 1003 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C 4861 Registered No. B C 4861

33V

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Loyd Richardson

{ Residence, if in Baltimore, Give Street and Number. } University Hospital

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: —— years, 3 months, 2 weeks

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Loyd Richardson

BIRTHPLACE OF FATHER (State or country): Mexico N.Y.

MAIDEN NAME OF MOTHER: Anna Myers

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Richardson

(Address)

Filed 9/19 1907

MARY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 17 1907

that I last saw h alive on Sept 17 1907

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) — DAYS

Con'tributory (Primary.) Tubercular adenitis & Marasmus (DURATION) — DAYS

(Signed) J. A. K. Legg M.D.

Address University Hospital

Date Sept. 18 1907

Place of Burial Balto Cem

Date Sept 19 1907

Undertaker Wm Cook

Address 502 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, cause and date of death, condition** (whether married or single) of the person deceased, and the

Ward 6 C 4862 Registered No. B [illegible] 15 V

CERTIFICATE OF DEATH.

Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jesse Engleman

{ Residence, if in Baltimore, Give Street and Number. } 1802 N. Collington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Aug 5 1907.

AGE 1 month 17 days
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Jesse C Engleman.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Sophia Kahl.

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse S. Engleman

(Address) 1802 N Collington

Filed 9/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 17 1907 to Sept 18 1907 that I last saw h[illegible] alive on Sept. 18 1907, and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Malnutrition

(DURATION) DAYS

(Signed) Benjamin Wroth, Jr. M.D.

Address Union Prot. Inf.

Date 190

Place of Burial Balto Md

Date Sept. 19/07 190

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 4863 Registered No. B C 4863 1 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Kurtz

{Residence, if in Baltimore, Give Street and Number.} 610 Wyeth st

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: June 13 1848	
AGE: 59 years, 3 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Florida
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Svesdens. Son

(Address) 217 S. Paca st

Filed 9/19/1907 HARRY C. AMBRONS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Sept 18 1907

that I last saw him alive on Sept 18 1907

and that death occurred, on the date stated above, at 5 a m. CAUSE OF DEATH (Secondary or Immediate)

Acut Dilatation of Heart

(DURATION) — DAYS

Contributory (Primary.) Typhoid Fever (DURATION) 14 DAYS

(Signed) W. W. Bowers M.D.

Address Md. General Hosp.

Date Sept 17 1907

Place of Burial Western Cemy

Date Sept 20 1907

Undertaker Geo. Svesdens + Son

Address 217 S. Paca st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No.

C 4864

CERTIFICATE OF DEATH.

1720

(Place of Death.) No. foot of Stanford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name unknown

{ Residence, if in Baltimore, Give Street and Number. } city

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 9 = months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) city

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/19/1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-16 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 .... to — 190 ....

that I last saw h.... alive on — 190 ....,

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate)

Drowned

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Thomas Leidler Coroner M.D.

Address 320 N Gaeng St.

Date ..... 190 ....

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES SEP 18 1907

Place of Burial .....

Date ..... 190 ....

Undertaker Commissioner of Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

214

Ward 12 C 4865 Registered No. B C 4865

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Jarrett St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Brown

{ Residence, if in Baltimore, Give Street and Number. } Runnemede Md C 4865

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR B
DATE OF BIRTH	1
AGE	27 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phillips Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Sept 17 07 190 ....

Place of Burial JOHNS HOPKINS HOSPITAL. FOR ANATOMICAL PURPOSES.

Date SEP 18 1907 190 ....

Undertaker Commissioner Health.

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

#215

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ephram Harris.

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) ..... BAY VIEW ASYLUM.

Filed 9/19 1907 HARRY C. JARRETT, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 16 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1907 to Sept. 16 1907

that I last saw h-- alive on Sept. 16 1907,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilation

(DURATION) 1 DAYS

Con'tributory (Primary.) Endo-carditis

(DURATION) ..... DAYS

(Signed) Robt. T. Bay M.D.

Address Bay View

Date Sept. 17 1907

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES SEP 18 1907

Place of Burial .....

Date ..... 190 ....

Undertaker Wm. H. Woodell

Address 1811 Aisquith st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

#215

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 4867

Registered No. B

City of Baltimore, (No. 1103 N. Eden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June (Month) 6 (Day) 1907 (Year)
AGE	years, 05 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Henry M Jones
BIRTHPLACE OF FATHER (State or country)	N. Y.
MAIDEN NAME OF MOTHER	Margaret Oliver
BIRTHPLACE OF MOTHER (State or country)	N. J.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Oliver

(Address) 313 N Eden St

Filed 9/19 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 9 1907 to Sept 18 1907

that I last saw him alive on " " 1907,

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Marasmus

Three weeks (DURATION) 67 DAYS

Contributory Urine contains traces of sugar (DURATION) Life DAYS

(Signed) P. L. Le Peterson M. D.

Sept 18 1907 (Address) 1102 E. Eden St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bulo Cemetery	Sept 19 1907
UNDERTAKER	ADDRESS
E J Fanning 1938 E Lafayette	

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 Registered No. B

CERTIFICATE OF DEATH.

179 ✓

(Place of Death.) No. 2026 Marshall Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Vogelgesang

{Residence, if in Baltimore, Give Street and Number.} XIII 2026 Marshall Ave

Duration of Residence in Baltimore. Life

c. 4464

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 10 1907

AGE — years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md "

FULL NAME OF FATHER Chas. H. Vogelgesang

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Harriet Rhodes

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Vogelgesang

(Address) 2026 Marshall Ave.

Filed 9/19/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 17 1907

that I last saw h.r alive on Sept 17 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Mal. Nutrition

(DURATION) 3 Mos DAYS

(Signed) W. E. L. Campbell M.D.

Address 1644 Harlem St.

Date Sept 18 1907

Place of Burial CEDAR HILL.

Date SEP 19 1907 ✓ 190

Undertaker Armstrong Denny Co.,

Address 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the City Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4869 Registered No. 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1104 Wagon Al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leroy Blackston

{Residence, if in Baltimore, Give Street and Number.} 1104 Wagon Al

C. 4869

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Nov 7 1906

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Ellsworth Blackston

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Mary Allen

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Allen

(Address) 1038 Vine St

Filed 9/19 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 18 1907

that I last saw h.. alive on Sept 18 1907

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

2 mos

(DURATION) ..... DAYS

Contributory (Primary.) Asthenia

2 mos (DURATION) ..... DAYS

(Signed) W Norwood M.D.

Address 939 W Fayette

Date Sept 18 1907

Place of Burial Laurel Cemetery

Date Sept 19 1907

Undertaker E. R. St. E. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 408 Bonner Court St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Couch

{ Residence, if in Baltimore, Give Street and Number. } 408 Bonner Court

Duration of Residence in Baltimore. Lifetime

c. 4870

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colord

DATE OF BIRTH 1

AGE ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hesekiah Couch

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Ogtos

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Son

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Brother

(Address) 408 Bonner Court

Filed 9/19 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 17 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Sept 17 1907

that I last saw h[illegible] alive on Sept 17 1907,

and that death occurred, on the date stated above, at 11 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) R. H. G. Schmull M.D.

Address 424 East 23 St

Date Sept. 18, 1907.

Place of Burial Laurel Cemetery

Date Sept 19 1907

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4871 Registered No. B C 4871

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 246 S. Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Frank Jakobowski

{Residence, if in Baltimore, Give Street and Number.} # 246 S. Ann St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 1 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Jakubowski.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Nellie Krykat.

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Jakubowski.

(Address) 246 S. Ann St

Filed 9/19 1907 HARRY C. ANDREWS, PENULT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1907 to Sept. 18 1907 that I last saw h[illegible] alive on Sept. 17 1907, and that death occurred, on the date stated above, at 2½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 14 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John H. Robberger M.D.

Address #1709 Aliceanna St

Date Sept. 19 1907

Place of Burial St Stanislaus.

Date Sept 19" 1907

Undertaker M. F. Jadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 ... Registered No. B ...

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 2025 Eastern Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Antonia Bzozynska

{ Residence, if in Baltimore, Give Street and Number. } 2025 Eastern Ave

Duration of Residence in Baltimore. life

C 4878

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ~~Sept~~ July 19 1906

AGE ... years, 13 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Bzozynska James

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Violet Bucher

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Bzozynska

(Address) 2025 Eastern Ave

Filed 9/19 1907

HARRY C. ANDREWS, PARTY CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11 1907 to Sept 18 1907

that I last saw h[illegible] alive on ... 1907 ...,

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

2½ months (DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) DAYS

(Signed) W. J. Ryan M.D.

Address 208 Ashland

Date Sept 19 — 07 1907

Place of Burial St Stanislaus

Date Saturday Sept 21" 1907

Undertaker M. F. Radomski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward V C 4873 Registered No. B 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 815 S. Ann St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stella Marzkewicz

{ Residence, if in Baltimore, Give Street and Number. } 815 S. Ann St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joseph Marzkewicz

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Annie Luzzeska

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Marzkewicz

(Address) 815 S. Ann St

Filed 9/19 1907 HARRY C. AMBRO... Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1907 to Sept. 18 1907

that I last saw h im alive on Sept. 15 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

asthenia

(DURATION) DAYS

Contributory (Primary.) Cholera Infantum

(Zymotic diarrhoea) (DURATION) 60 DAYS

(Signed) J. Josephson M.D.

Address 4 N. B'way.

Date Sept. 19 1907

Place of Burial Holy Rosary.

Date Friday Sept 20 1907

Undertaker M. F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4874.

Registered No. B.....

City of Baltimore, (No. 13 N. Schroeder St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Agnes Kennedy

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thos. Kennedy

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Hart

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Sales Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. A. Thos

(Address) 1935 Homewood Ave

Filed 9/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 17th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 1 1907 to Sept. 17 1907

that I last saw her alive on Sept 17 1907,

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 1 yr 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. William Frauenthal M. D.

9/18 1907 (Address) 1407 N. Gay

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Sept. 19. 1907
UNDERTAKER	ADDRESS
C. C. Hirdfield	914 Greenmount

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 C 4875 Registered No. B C 4875

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Genl Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. L. Gottert

{Residence, if in Baltimore, Give Street and Number.} 1121 Bolton St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Sept 20 1861
AGE	44 years, 11 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Geo L Gottert
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Schaffer
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martha J Gottert

(Address) 1121 Bolton St

Filed 9/19 1907

HARRY C. ANDREW, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Sept 18 1907

that I last saw h[illegible] alive on Sept 18 1907

and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemorrhage

(DURATION) DAYS

Con tributory (Primary.) Typhoid Fever (DURATION) 14 DAYS

(Signed) W. W. Bowan M.D.

Address Md Eye Hosp.

Date Sept 17 1907.

Place of Burial Loudon Park Cemetery

Date Sept 20 1907

Undertaker W. Maurice Poulton

Address Green + Saratoga sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4876

City of Baltimore, (No. 1727 N Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert John Miller

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feby. (Month) 14th (Day) 1876 (Year)
AGE	31 years, 7 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	William Miller
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Isabelle Mercer
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	Wire Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Isabelle Grook

(Address) 1727 N. Carey St.

Filed 9/19 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1907 to Sept. 18th 1907

that I last saw h[illegible] alive on Sept. 18 1907,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 32 DAYS

Contributory Weakness of Heart

(DURATION) 3 DAYS

(Signed) E. J. Grook M. D.

Sept. 19 1907 (Address) 1605 N North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept. 21 1907
UNDERTAKER	**ADDRESS**
Josiah Syfer	1600 W. Baltimore

Ward 14 C 4877 Registered No. B. [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry C. Patchett

{ Residence, if in Baltimore, Give Street and Number. } ~~University Hospital~~ 606 Hanover St.

C. 4877

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH —— —— 1——

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Caroline Co. Md.

FULL NAME OF FATHER Absalom Patchett

BIRTHPLACE OF FATHER (State or country) Caroline Co. Md.

MAIDEN NAME OF MOTHER A. Kelly.

BIRTHPLACE OF MOTHER (State or country) Unknown.

OCCUPATION OF DECEASED Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Patchett

(Address) 606 Hanover St.

Filed 9/19/1907

HARRY C. ANDREWS
PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Sept.~~ 18 [illegible] 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Sept 18 1907 that I last saw h[illegible] alive on Sept 18 1907, and that death occurred, on the date stated above, at 3 P.

M. CAUSE OF DEATH (Secondary or Immediate.)

~~Typhoid Fever~~

Endocarditis

(DURATION) 8 DAYS

Contributory (Primary.) ~~Endocarditis~~ Typhoid Fever

(DURATION) DAYS

(Signed) J. H. Lapp M.D.

Address University Hospital

Date Sept. 18 1907

Place of Burial Cambridge Md.

Date Sept. 19 1907

Undertaker Josiah Lyden

Address 1600 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Filed 9/19/1907

Ward 7 C 4878 Registered No. B22...

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Mathews

{Residence, if in Baltimore, Give Street and Number.} University Hospital

Duration of Residence in Baltimore. Balto Md

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH Unknown

AGE 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Thos Mathews

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Adelaide Briggs

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Mathews

(Address)

Filed 9/19 1907 HARRY C. ANDREWS PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Sept 17 1907 that I last saw h... alive on Sept 17 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

11 Days (DURATION) DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 12 Hours DAYS

(Signed) J. T. Legg M.D.

Address University Hospital

Date Sept 18, 1907

Place of Burial Harmans Md

Date Sept 19 1907

Undertaker W. J. Dickinson & Son

Address Caroline & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 718 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Langelutty

{Residence, if in Baltimore, Give Street and Number.} 718 Columbia

Duration of Residence in Baltimore. 6 7 years

C 14879

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1 1835

AGE 72 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Aug Langelutty

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Katherine Bokers

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Segar Maufr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aug Langelutty Jr

(Address) 8 E Lexington

Filed 9/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17 1907

I HEREBY CERTIFY, That I attended deceased from July 27 1907 to Sept 17 1907 that I last saw h alive on Sept 16 1907, and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart Weakness

(DURATION) 3 DAYS

Contributory (Primary.) Diabetes Mellitus

(DURATION) 58 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia ave

Date Sept 17 1907

Place of Burial Loudon Park

Date Sept 19 1907

Undertaker J. Fischer & Son

Address Eutaw & Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1734 E Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie J. Burlay

{ Residence, if in Baltimore, Give Street and Number. } 1734 E Lafayette Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1...

AGE 49 years, ... months, 22 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Wm Shroud

MAIDEN NAME OF MOTHER Annie Leiser

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Schade

(Address) 1234 E Lafayette.

Filed 9/19" 1907 CLERK OF ENOCH PRATT COURT HOUSE CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17th 1907

I HEREBY CERTIFY, That I attended deceased from July 10th 1907 to Sept 17th 1907

that I last saw h... alive on Sept 17th 1907

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Uteri

(DURATION) 2 Mos

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Geo Shaner M.D.

Address Cayuga Caroline County Md

Date Sept 18th 1907

Place of Burial Oak Lawn

Date Sept 20th 1907

Undertaker Wendell Dippel & Son

Address 330 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 1186

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emory Lindsay

{Residence, if in Baltimore, Give Street and Number.} Mt. Airy, Md.

Duration of Residence in Baltimore.

C. 1186

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: — 1

AGE: 31 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. A. Gardner

(Address) 1003 N Balto St

Filed 9/19 1907 HARRY O'ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept. 19 1907 that I last saw him alive on Sept 19 1907, and that death occurred, on the date stated above, at 10:45

M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis (General)

(DURATION) DAYS

Contributory (Primary.) appendicitis

(Gangrenous) (DURATION) DAYS

(Signed) Benjamin C. Wolff, Jr. M.D.

Address Union Prot. Infy.

Date Sept. 19, 1907

Place of Burial Mt Airy, Md

Date Sep 20 1907

Undertaker Jos B. Cook

Address 1003 N. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4882 Registered No. B 15 1/2

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Philip Johnson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Aug. 23 1907

AGE: — years, — months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 9/19/07 HARRY O. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 25 1907 to Sept 18 1907 that I last saw h alive on Sept. 18 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) 27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Sept. 19 1907

Place of Burial New Cathedral Cem

Date Sept 19 1907

Undertaker Felix B. Pyf

Address 102 E. Wilkens Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 4883

Registered No. B C 4883

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 326 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M. Riegel

{Residence, if in Baltimore, Give Street and Number.} 326 S. Chester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 21 1907

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo. Riegel

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Alice V. Rank

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Riegel

(Address) 326 S Chester St

Filed 9/19/07 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 18th 1907 that I last saw h[illegible] alive on Sept 17th 1907, and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate)

Ex Laparotomia

(DURATION) DAYS

Contributory (Primary) Gastro-Enteritis

(DURATION) DAYS

(Signed) H. C. Larocque M.D.

Address 2040 E Pratt St

Date Sept 18th 1907

Place of Burial Mt Carmel Cemetery

Date Sept 20th 1907

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4884

Registered No. B.....

City of Baltimore, (No. 516 Walnut Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1 (Month) (Day) Year)

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Johnson

(Address) 516 Walnut Ave.

Filed 9/19/ 1907

HARRY C. ANDREWS
PERMIT CLERK
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 18th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 14 DAYS

Contributory Chronic Nephritis

(DURATION) ..... DAYS

(Signed) Silas Hackman M. D.

Sept. 19 1907 (Address) 700 Eutaw Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Sept. 19 1907

UNDERTAKER: Felix B. Daye

ADDRESS: 1028 E. Hulberry St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 4885 Registered No. B 17 2 V

CERTIFICATE OF DEATH.

(Place of Death.) No. McElderrys wharf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Richardson

{Residence, if in Baltimore, Give Street and Number.} Not Known

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR colored
DATE OF BIRTH — 1	
AGE 30 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Not Known	
BIRTHPLACE (State or country) —	
FULL NAME OF FATHER —	
BIRTHPLACE OF FATHER (State or country) —	
MAIDEN NAME OF MOTHER —	
BIRTHPLACE OF MOTHER (State or country) —	
OCCUPATION OF DECEASED Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Hayden

(Address) 1216 N. Carolina St.

Filed 9/19" 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH Sept. 17 1907
I HEREBY CERTIFY, That I attended deceased from Sept 16 1907 to Sept 17 1907
that I last saw h— alive on — 190—
and that death occurred, on the date stated above, at 1.1 P. M. CAUSE OF DEATH (Secondary or Immediate.) Cerebral Hemorrhage
(DURATION) — DAYS
Contributory (Primary.) —
(DURATION) DAYS
(Signed) B. S. Hayden M.D.
Address 1216 N. Carolina St.
Date Sept. 18, 1907
Place of Burial JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES. SEP 18 1907 Superintendent Morgue
Date SEP 18 1907 190
Undertaker —
Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

#214

Ward 4

C 4886 Registered No. B C 4886

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 E. Fayette St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} ---

Duration of Residence in Baltimore. ---

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ... 1...

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: [illegible]

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Hayden

(Address) 1216 N Caroline St

Filed 9/19 1907

HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 8 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h— alive on [illegible] 190—

and that death occurred, on the date stated above, at 6—

P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac insufficiency

(DURATION) ... DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) ... DAYS

(Signed) B. S. Hayden M.D.

Address 1216 N. Caroline St

Date Sept. 18 1907.

Place of Burial JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Date SEP 19 1907 190

Undertaker Commissioner of Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

#210

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lot Known

{ Residence, if in Baltimore, Give Street and Number. } 106 Pleasant st

Duration of Residence in Baltimore. life

C. 1/1887

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: — 1

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Lot Known

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B[illegible] Hayden

(Address) 1216 N. Carolina st

Filed 9/19 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 16 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h[illegible] alive on ... 190 ...

and that death occurred, on the date stated above, at 1.1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronch. Pneumonia

(DURATION) — DAYS

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Carolina st

Date Sept. 18 1907

Place of Burial COLLEGE OF P. & S. FOR ANATOMICAL PURPOSES

Date SEP 19 1907 190

Undertaker Commissioner Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

#219

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 4388

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Gresh

{Residence, if in Baltimore, Give Street and Number.} 2007 Oakley Street

C. 4388

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 2d / 1853 1853

AGE 54 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Casper Gresh

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Popp

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Gresh

(Address) 226 N. Fremont Ave

Filed 9/19 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18, 1907

I HEREBY CERTIFY, That I attended deceased from August 7, 1907 to September 18 1907

that I last saw him alive on September 18, 1907,

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (~~Secondary or~~ Immediate)

Pneumonia (Lower Left Lobe) Remote Cause Pancreatitis + atrophic Intestines (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. W. Hatchett M.D.

Address Franklin Square Hospital

Date September 18 1907

Place of Burial Baltimore Cemetery

Date Sept 20th 1907

Undertaker Geo J. Smith Co

Address 100 N. Fayette St

#214

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4889 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Hauser

{Residence, if in Baltimore, Give Street and Number.} 1305 Harford Ave

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Sept 11th 1834

AGE: 73 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Hauser

(Address) 1305 Harford Ave

Filed 9/19/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 17th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Sept 17th 1907

that I last saw h— alive on Sept 17th 1907, and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) 1 DAYS

Contributory (Primary.) Uraemic Coma

Endocarditis & Dropsy (DURATION) — DAYS

(Signed) Dr Jaffin Beeuk M.D.

Address 2548 St Paul St

Date Sept 19th 1907

Place of Burial Greenmount Cem

Date 9/20/07 190

Undertaker J. Herwig & Son

Address 200 & Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beatrice Wescott

{ Residence, if in Baltimore, Give Street and Number. } Manteo N.C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 27 1879

AGE: 28 years, 0 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N.C.

FULL NAME OF FATHER: Geo. W. Westcott

BIRTHPLACE OF FATHER (State or country): Manteo, N.C.

MAIDEN NAME OF MOTHER: Bethany Etheridge

BIRTHPLACE OF MOTHER (State or country): Manteo, N.C.

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Caswell

(Address) Roland Park

Filed 9/19 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Sept 18 1907

that I last saw him alive on Sept 18 1907

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Recurrent sarcoma - metastasis

(DURATION) DAYS

Contributory (Primary.) Sarcoma of leg.

(DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hosp 9/18

Date 1907

Place of Burial Manteo, N.C.

Date Sept. 19, 1907

Undertaker Henry W. Means and Son

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4891 Registered No. B C 45...

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Kuzzko

{Residence, if in Baltimore, Give Street and Number.} 927 N. Dallas St

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Andrew Kuzko

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): C

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kuzko

(Address) 927 N. Dallas St.

Filed 9/19/07 190.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep. 18, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 12 1907 to Sep 18 1907 that I last saw him alive on Sep 18 1907, and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) 4 months (DURATION) DAYS

(Signed) Eugene L. Pessagno M.D.

Address St Joseph's Hospital

Date Sep. 18, 1907

Place of Burial Holy Redeemer

Date Sept 21 1907

Undertaker Frank Krach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10

Registered No. B C 4892

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution give its Name instead of Street and No.)

Full Name Hattie E. Wilson

{Residence, if in Baltimore, Give Street and Number.} Church Home & Inf.

Duration of Residence in Baltimore. Ten days -

C. 4897

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 16 1850

AGE: 57 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Wm B. Silver

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Miss Eliz Courtney

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Sept 20 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19- 1907 190

I HEREBY CERTIFY, That I attended deceased fr

Sept 9 1907 to Sept 19 1907

that I last saw h es alive on Sept 19 1907

and that death occurred, on the date stated above, at 2.55 P.M. CAUSE OF DEATH (Secondary or Immediat

Carcinoma Liver.

Four months (DURATION) DA

Contributory (Primary.) Carcinoma Liver

(DURATION) DA

(Signed) Irving Miller M.D. M.D.

Address 1734 St. Paul St.

Date Sept 19. 1907 190

Place of Burial Loving Green Balto Co. Md

Date Sept 20th 190

Undertaker G. F. Miller.

Address 723 N. Laf. ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 Registered No. B 107

CERTIFICATE OF DEATH.

(Place of Death.) No. 638 N. Carollton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Plunkett.

{Residence, if in Baltimore, Give Street and Number.} 638 N. Carollton Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Dec. 12, 1832

AGE: 74 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto, Md.

FULL NAME OF FATHER: Edw. Higgins

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Donahue

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard I. Broadbent

(Address) 638 N. Carollton Ave.

Filed Sept 20 1907

Registrar

C.S.C.O.P.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 16 1907 to Sept 18 1907 that I last saw h-- alive on Sept 18 1907, and that death occurred, on the date stated above, at 2.15 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) ✓ DAYS

Contributory (Primary.) Sinilar

(Tostenic) (DURATION) ✓ DAYS

(Signed) Duncan MacLennon ✓ M.D.

Address 1102 Madison Ave.

Date Sept. 19, 1907

Place of Burial Cathedral Cemetery

Date Sept. 20, 1907

Undertaker Henry W Mears 2nd Sons

Address 805 N. Calvert St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 C 4894 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 432 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie E. Wormley

{Residence, if in Baltimore, Give Street and Number.} 432 Orchard St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Sept 18 1907

AGE: 1 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Gaylord Scott

(Address) 354 W. Biddle st

Filed 9/20" 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1907 to Sept 18th 1907 that I last saw h[illegible] alive on Sept 17 1907, and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Convulsions

& dentition (DURATION) 7 DAYS

(Signed) D Gaylord Scott M.D.

Address 354 W. Biddle st

Date Sept 19th 1907

Place of Burial Mount Auburn

Date Sept 20 1907

Undertaker L H Owens & Son

Address 1222 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C 4895 Registered No. B 1207

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 Lewis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Brown

{Residence, if in Baltimore, Give Street and Number.} 411 Lewis St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1850

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Brown

(Address) 411 Lewis St

Filed 9/29/1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to Sept 18 1907

that I last saw him alive on Sept 18 1907,

and that death occurred, on the date stated above, at 8-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis. (Bright's Disease)

2 Months (DURATION) — DAYS

Contributory (Primary.) Bright's Disease

— (DURATION) — DAYS

(Signed) J. E. Board M.D.

Address 202 Aisquith St

Date 190

Place of Burial Laurel Cem

Date Sept 21 1907

Undertaker R A Elliott

Address 5-0 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 C 4896 Registered No. B C 4896

CERTIFICATE OF DEATH.

(Place of Death.) No. 1503 Pressman St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Maggie Hooper.

{ Residence, if in Baltimore, Give Street and Number. } 1503 Pressman St

Duration of Residence in Baltimore. 20 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Armistead Pleasant

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Martha Pleasant

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Armistead Pleasant

(Address) Alexander Va

Filed 9/20 1907 HARRY C. ARDINGER, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 17. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 17 1907 that I last saw h[illegible] alive on Sept 16 1907, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Pericarditis

(DURATION) DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date September 18. 1907

Place of Burial Laurel

Date Sept 20 1907

Undertaker R. A. Beeson

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 4897 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1831 N Spring St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Evrin · Braun

{Residence, if in Baltimore, Give Street and Number.} 1831 N Spring St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singl

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Milton G. Brown

BIRTHPLACE OF FATHER (State or country): Balto. City

MAIDEN NAME OF MOTHER: Rebecca Cluning

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Brown

(Address) 1831 N Spring St

Filed 9/20 1907 HARRY C. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 16 1907 to Sept 18 1907

that I last saw him alive on Sept 18 1907

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

Exhaustion

Mitral Heart

(DURATION) 10 DAYS

Contributory (Primary) Heart

(DURATION) 10 DAYS

(Signed) Dr. G. W. Bernard M.D.

Address 708 Ensor St

Date Sept 19 1907

Place of Burial Laurel

Date Sept 20 1907

Undertaker Alex Hemsley

Address 578 W. Lexington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 641 Haw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earle LeRoy Fildon

{Residence, if in Baltimore, Give Street and Number.} 641 Haw St.

Duration of Residence in Baltimore. 2 Yrs.

C. 11898

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: August 8- 1906

AGE: 1 years, 1 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: S.

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Frederick D. Fildon

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ella Butler

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Fildon

(Address) 641 Haw St.

Filed 9/20 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19- 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 13 1907 to Sept 19 1907

that I last saw h im alive on Sept 19 1907,

and that death occurred, on the date stated above, at 5 10 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia — Lobular.

(DURATION) 12 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) S. B. Hughes M.D.

Address 705 George St.

Date Sept. 19 1907

Place of Burial Mt Auburn

Date Sept 21 1907

Undertaker Alex Hemsley

Address 578 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. 6

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Elizabeth Minsky

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

C.4899

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1840

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert Minsky

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Nancy Minsky

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Washing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 9/20 190 7 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 19th 1907

I HEREBY CERTIFY, That I attended deceased from No Record 190 to 190

that I last saw her alive on Sept 18 1907

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

3 months (DURATION) DAYS

Con'tributory (Primary.) Dropsy

(DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Sept 19 1907

Place of Burial Holy Cross Cem

Date Sept 20 1907

Undertaker Henry C Weedfield

Address Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 4900

City of Baltimore, (No. 1822 Chilton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Stahler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 14th (Day) 1907 (Year)

AGE: ——— years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Herman L Stahler

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Dorothea Wilkins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) H L Stahler

(Address) 1822 Chilton St

Filed 9/20 1907 HARRY G. ANDREWS, PRIVATE CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1907 to Sept 19 1907

that I last saw her alive on Sept 18 1907,

and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

acute Enteritis

(DURATION) 7 DAYS

Contributory Toxaemia

(DURATION) 2 DAYS

(Signed) James M Renton M. D.

Sept 20 1907 (Address) 7 W E Chase St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Mayesville Pa — DATE OF BURIAL: Sept 21 1907

UNDERTAKER: A F Philson — ADDRESS: 1711 Aliceanna

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward [illegible] C 4901 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 Frederick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Henry Wackenhauser

{Residence, if in Baltimore, Give Street and Number.} 9 Fredk ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 28th 1878

AGE 28 years, 9 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William G. Wackenhauser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Hemrichauer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Wackenhauser

(Address) 445 S. Bentalou

Filed 9/20 1907 HARRY O. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 10th 1907 to Sept 18th 1907 that I last saw him alive on Sept 14th 1907, and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage, Pulmonary

Not five minutes (DURATION) — DAYS

Contributory (Primary.) Phthisis Pulmonalis

About 18 months (DURATION) — DAYS

(Signed) John G. Holliday M.D.

Address 714 Fredk ave

Date Sept. 19th 1907

Place of Burial Loudon Park Cemetery

Date September 20th 1907

Undertaker F. B. Wagnest

Address 1 Frederick Av Exptd

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27V

CERTIFICATE OF DEATH.

Registered No. B[illegible] 4902

City of Baltimore, (No. 104, P. Monroe St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Fuller Rowe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: November (Month) 8 (Day) 1851 (Year)	
AGE: 56 years, 10 months, 11 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Joseph A. Rowe	
BIRTHPLACE OF FATHER (State or country): Scotland	
MAIDEN NAME OF MOTHER: Ann S Lockwood	
BIRTHPLACE OF MOTHER (State or country): Scotland	
OCCUPATION OF DECEASED: Tinner	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Barbara Rowe

(Address) 104 monroe st

Filed 9/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 19 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Sept 18 1907

that I last saw him alive on Sept 18 1907,

and that death occurred, on the date stated above, at 1.45 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory Intestinal

(DURATION) ..... DAYS

(Signed) J. L. Harper M. D.

Sept 19 1907 (Address) 1201 Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Sept 21 1907
UNDERTAKER	**ADDRESS**
Wilbur H Shriver	916 Fremont

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C 4903 Registered No. B ... 401

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Jucker

{Residence, if in Baltimore, Give Street and Number.} 2424 Jefferson Street

Duration of Residence in Baltimore. 1 1/2

C 4903

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Sam Baum

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Bar

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. Baum

(Address) 2424 Jefferson st

Filed 9/20 1907

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11 1907 to Sept 20 1907 that I last saw her alive on Sept 28 1907, and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of breast

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) P. H. Clough M.D.

Address Johns Hopkins Hospital

Date September 20 1907

Place of Burial Rows Dale Cemetery

Date Sept 20, 1907

Undertaker Mary Levinson

Address 1620 me Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

C 4904

Registered No. B C 4904

CERTIFICATE OF DEATH.

(Place of Death.) No. 1803 Eaton av. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wett

{ Residence, if in Baltimore, Give Street and Number. } + 1803 Eaton av.

Duration of Residence in Baltimore. 33 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1869

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frank Wett Sr.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Julia Rebaums

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Wett

(Address) 1803 Eaton av

Filed 9/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 18 1907 that I last saw h[illegible] alive on Sept 17 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Ruhberger M.D.

Address #1709 Alice Anna St

Date Sept. 19 1907

Place of Burial St. Johns -

Date Sept 21st 1907

Undertaker N. S. Fuid

Address 2113 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

41 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4905

City of Baltimore, (No. 2214 Eagle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lina Makinson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 5 (Day) 1838 (Year)

AGE: 68 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John M. Johannes

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Caroline Lehman

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Makinson

(Address) 2214 Eagle St.

Filed 9/20 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 18th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 12th 1907 to Sept. 18th 1907

that I last saw her alive on Sept. 17th 1907,

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH was as follows:

Cancer. (Suspected Carcinoma) located in the Colon.

About 11 Mos. (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Edw. Plummer M. D.

Sept 18 1907 (Address) 5392 Fullerton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery | DATE OF BURIAL: Sept 20 1907

UNDERTAKER: Geo. A. Gerber | ADDRESS: 14 S Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

77 V

CERTIFICATE OF DEATH.

Registered No. B C 4906

City of Baltimore, (No. 1022 Bloomingdale St., Road Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia R. Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug (Month) 19 (Day) 1839 (Year)

AGE: 68 years, — months, 29 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Samuel D Barnes

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Ellen Locke

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel L. Davis

(Address) 1022 Bloomingdale Road

Filed 9/20 1907

HARRY O'NEILL, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 18th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 18 1907 to Sept 18 1907 that I last saw h er alive on Sept 18 1907, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pericarditis

4 weeks (DURATION) — DAYS

Contributory Abdominal Dropsy

2 weeks (DURATION) DAYS

(Signed) John F Monagan M. D.

Sept 19 1907 (Address) 1002 Edmondson Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Sept 20 1907

UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. #1100 E. Fort Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John F.H.Miller

{ *Residence, if in Baltimore, Give Street and Number.* } #1100 E. Fort Avenue

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: March 14 1907

AGE: ----- years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Charles Miller

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Maggie E.Schuman

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: ----------

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie E.Miller(Mother)

(Address) #1100 E.Fort Avenue

Filed 9/20 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 19. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 19 1907 that I last saw him alive on Sept 18 1907, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus - Primary

2 Months (DURATION) DAYS

Contributory (~~Primary~~.) Cholera Infantum

(DURATION) 15 DAYS

(Signed) J.F. Miller M.D.

Address 722 N. Dukeman St

Date Sept 19. 1907

Place of Burial Loudon Park Cemetery

Date September 20 1907 190

Undertaker Armstrong Donny Co., 718 Light Street.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4908

Registered No. B .....

City of Baltimore, (No. 1211 N Parrish alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Scribner

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Color
DATE OF BIRTH: Sept 12 (Month) (Day) 1905 (Year)	
AGE: 2 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Jos Scribner	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Sarah Scribner	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Scribner

(Address) 1211 N. Parrish alley

Filed 9/20 1907 HARRY D. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Sept 18 1907 that I last saw h er alive on Sept 18 1907, and that death occurred, on the date stated above, at 10 50 P. M. The CAUSE OF DEATH was as follows:

Gastritis

..... (DURATION) ..... DAYS

Contributory Ileo Colitis

..... (DURATION) ..... DAYS

(Signed) Geo. C. Shannon M. D.

Sept 19 1907 (Address) 1442 Pressman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Dod Asylum	SEP 21 1907
UNDERTAKER: R L Parkman & Co	ADDRESS: 1213 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 Registered No. D

361

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Chappell (NW) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Colvin

{Residence, if in Baltimore, Give Street and Number.} 716 Chappell St.

Duration of Residence in Baltimore. 20 years C4909

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: June 6 1887

AGE: 20 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): London Co. Va.

FULL NAME OF FATHER: Harry Thornton

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Annie ——

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Reynolds

(Address) 1103 Vincent St.

Filed 9/20 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1907

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Sept 1 1907 that I last saw h[illegible] alive on Sept 1 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

General septicemia.

(DURATION) 6 DAYS

Contributory (Primary.) Lues (DURATION) 8 mo DAYS

(Signed) A. L. Sanders M.D.

Address 1113 N. Gilmor St.

Date September 18 1907

Place of Burial Mt Calvary Cem

Date Sept 20 1907

Undertaker R L Parham

Address 1213 Pearl st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4910

Registered No. B

City of Baltimore, (No. 1413 W Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Milton Elmard Gorden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb (Month) 26 (Day) 1907 (Year)

AGE: — years, 6 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Milton W Gorden

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma J Stewart

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton W Gorden

(Address) 1413 W Lombard St

Filed 9/20 1907

HARRY C. ARMSTRONG PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 17th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 19 1907 that I last saw him alive on Sept 18 1907, and that death occurred, on the date stated above, at 9:30 P. M. The CAUSE OF DEATH was as follows:

Cholera Infantum

Fever (DURATION) DAYS

Contributory — (DURATION) DAYS

(Signed) Truman F Hill M. D.

Sept 20th 1907 (Address) 600 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn	Sept 20 1907
UNDERTAKER	ADDRESS
Jos. B. Cook.	1013 W Balt-

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2103 W. Pratt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Kahn Sr.

{Residence, if in Baltimore, Give Street and Number.} 2103 W. Pratt St

Duration of Residence in Baltimore. 15 years

C 4911

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Decemb. 17 1840

AGE 66 years, 8 months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Benjamin Kahn

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER - Unknown

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernhard Kahn

(Address) 2437 Woodbrook Av

Filed 9/20 1907

HARRY C. S. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to Sept 19 1907

that I last saw him alive on Sept 19 1907.

and that death occurred, on the date stated above, at 12 a. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic congestion of lungs (DURATION) 14 DAYS

Contributory (Primary) Carcinoma of the oesophagus (DURATION) 199 DAYS

(Signed) S. Kahn M.D.

Address 1510 E. Fort Av

Date Sept 19 1907

Place of Burial Mt. Olivet Cem.

Date Sept 20th 1907

Undertaker Jacob A. Kreuse Co

Address 15 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th — C 4912 — Registered No. B C 4912

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 E. Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Purnell Coston

{Residence, if in Baltimore, Give Street and Number.} 15 E. Church St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Pocomoke Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar Coston

(Address) 15 E. Church St

Filed 9/20 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 18 1907

that I last saw him alive on Sept 18 1907

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) 14 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 14 DAYS

(Signed) D H Fowler M.D.

Address 1½ S. Broadway

Date Sept 20 1907

Place of Burial Calvert Co. Md Governors Run

Date Sept 21 — 1907

Undertaker John H. Toadvine

Address 142 W. Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 1513

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 N. Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Clarence M. & Jennie F. Chesney

{Residence, if in Baltimore, Give Street and Number.} 122 N. Collington ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 20th 1907

AGE: ..... years, ... months, 1 Hour

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Clarence M. Chesney

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jennie F. Ingrama

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence M. Chesney

(Address) 122 N. Collington ave

Filed 9/20 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: SEP 20 1907 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1907 to Sept 20, 1907

that I last saw h alive on Sept 20, 1907,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

Half hour (DURATION) DAYS

Con'ributory (Primary) (DURATION) DAYS

(Signed) M.D.

Address 221 N. Broadway

Date SEP 20 1907 190

Place of Burial Oak Lawn Cem.

Date SEP 20 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

614

(Place of Death.) No. 726 S. Ann, St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name agnes Piekocki

{ Residence, if in Baltimore, Give Street and Number. } 726 S. Ann

Duration of Residence in Baltimore. Life

0491K

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Jan Piekocki

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Cunda iwinska

BIRTHPLACE OF MOTHER (State or country) Balto md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cunda iwinska

(Address) 726 S Ann St

Filed 9/20 1907

HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1907

I HEREBY CERTIFY, That I attended deceased from Sept 16 1907 to Sept 19 1907

that I last saw her alive on Sept 19 1907,

and that death occurred, on the date stated above, at P.M.

CAUSE OF DEATH (Secondary or Immediate)

acute Meningitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Walsh M.D.

Address 165 Bowley

Date Sept 19 1907

Place of Burial St Stanislaus.

Date Sept 20" 1907

Undertaker M A. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4915

City of Baltimore, (No. 212 Guilford Avenue St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Charles Avery

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April (Month) 6 (Day) 1844 (Year)

AGE: 63 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ledyard New York

FULL NAME OF FATHER: Hamilton Avery

BIRTHPLACE OF FATHER (State or country): New London Connecticut

MAIDEN NAME OF MOTHER: Lucy Kendal

BIRTHPLACE OF MOTHER (State or country): Ledyard New York

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Friedenwald M.D.

(Address) 7 N. Franklin St

Filed 9/20 1907

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 18 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from March 12 1907 to Sept. 18 1907 that I last saw him alive on Sept 17 1907, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Central Apoplexy

(DURATION) 6 months -DAYS

Contributory Arteriosclerosis

(DURATION) 2 months -DAYS

(Signed) Julius Friedenwald M. D.

Sept 19 1907 (Address) 7 N. Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Sept 20 1907

UNDERTAKER: E Madison Mitchell

ADDRESS: 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 4916 Registered No. B ... C 4916.

CERTIFICATE OF DEATH.

(Place of Death.) No. 29" Maryland Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Peter Joyce

{Residence, if in Baltimore, Give Street and Number.} 1012 Boyd st

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1871

AGE 36 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Michl Joyce

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Sarah King

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) John Joyce

(Address) 1012 Boyd

Filed 9/20 190 7 ... Registrar

BUREAU OF ANALYSIS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19" 1907

I HEREBY CERTIFY, That I attended deceased from ~~19~~ ... to Sept 19 1907

that I last saw h... alive on ~~19~~ 190 7

and that death occurred, on the date stated above, at ... A.M.

CAUSE OF DEATH (Secondary or Immediate)

Accidental Suffocation from Putrefactive Gases, while digging a Pit

(DURATION) ... DAYS

Contributory (Primary) Suffocation

(DURATION) ... DAYS

(Signed) Clinton Smith Coroner M.D.

Address 1811 W. Chas. St

Date Sept 20 190 7

Place of Burial New Cathedral

Date Sept 23rd 190 7

Undertaker John F. Cowan

Address 901 Collins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 491?

CERTIFICATE OF DEATH.

108

(Place of Death.) No. St. Joseph's Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel White

{Residence, if in Baltimore, Give Street and Number.} 1604 N. Calvert

Duration of Residence in Baltimore. 43 Yrs.

L. H 917

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 29, 1833

AGE 84 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Do not know

BIRTHPLACE OF FATHER (State or country) do do

MAIDEN NAME OF MOTHER do do

BIRTHPLACE OF MOTHER (State or country) do do

OCCUPATION OF DECEASED Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Marie Martin

(Address) 1604 N. Calvert St.

Filed 9/20 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Sept 18 1907

that I last saw h alive on Sept 18 1907

and that death occurred, on the date stated above, at 4.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Shock

(DURATION) — DAYS

Contributory (Primary.) Strangulated Hernia (DURATION) 1 DAYS

(Signed) J. J. O'Connor M.D.

Address Baltimore St Joseph's Hosp

Date Sept 18, 1907

Place of Burial Cathedral Cemetery

Date Sept. 21, 1907

Undertaker Henry W. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. ..... L. No. .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Coughlin

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 9/20 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 19 1907

I HEREBY CERTIFY, That I attended deceased from July 16 1907 to Sept 19 1907

that I last saw h[illegible] alive on Sept 19 1907, and that death occurred, on the date stated above, at 2:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) 4 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) - DAYS

(Signed) Robt. C. Bray M.D.

Address Bay View

Date Sept 19 1907

Place of Burial St Vincents

Date Sept 21 1907

Undertaker Wm. J. Schaeffer

Address 8. S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4919 Registered No. B ..... C 4919

1791

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Daily

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/20 1907 HARRY G. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 = 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~ 1907

that I last saw h..... alive on 1907,

and that death occurred, on the date stated above, at .....

I. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Dudley Lamar M.D.

Address 3204 Greene St.

Date ..... 190...

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Place of Burial .....

Date SEP 20 1907 190...

Commissioner of Health

Undertaker .....

Address Health Dept

W.M. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

#12

Ward ..... Registered No. D .....

C 4920

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. 780 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Lee Johnson

{Residence, if in Baltimore, Give Street and Number.} 780 Sarah Ann St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: Sept. 10th 1907	
AGE: .....years, ...months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant	
BIRTHPLACE (State or country): 780 Sarah Ann St.	
FULL NAME OF FATHER: Asa Johnson	
BIRTHPLACE OF FATHER (State or country): Baltimore	
MAIDEN NAME OF MOTHER: Lillie Gough	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED: Infant.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) + Ella Gough.

(Address) 780 Sarah Ann St.

Filed 9/20 1907 MARY C. ARMSTRONG PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 20th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Sept 20 1907

that I last saw h sim alive on Sept 19 1907,

and that death occurred, on the date stated above, at 3 0 d

a. m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 10 DAYS

Contrlbutory (Primary.) Premature

(DURATION) ..... DAYS

(Signed) H.O. Hartaugh M.D.

Address 622 W Lombard St

Date Sept 20 1907

JOHNS HOPKINS HOSPITAL

FOR ANATOMICAL PURPOSES

SEP 20 1907

Commissioner Boards

Place of Burial .....

Date ..... 190 ....

Undertaker .....

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

#216

Ward ..... Registered No. B.....

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Stalevick

{Residence, if in Baltimore, Give Street and Number.} 105 N Exeter St.

Duration of Residence in Baltimore. 1 yr.

c. 11921

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR W
DATE OF BIRTH	1
AGE 32 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED M	
BIRTHPLACE (State or country) Russia	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/20 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8 1907 to Sept 19 1907 that I last saw h[illegible] alive on Sept 19 1907, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

(double) ..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address City Hospital

Date Sept 19 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 20 1907 1907

FOR ANATOMICAL PURPOSES

Undertaker Health Dept

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

216

Ward 6 C 4922 Registered No. B 477

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 N. Duncan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Spirka

{Residence, if in Baltimore, Give Street and Number.} 219 N. Duncan st.

Duration of Residence in Baltimore. 23 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowe

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Michael Gal

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stefan Vojtech

(Address) 219 N. Duncan st.

Filed 9/20 190 7

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 18 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Sept 17 1907

that I last saw h[illegible] alive on Sept 17 1907

and that death occurred, on the date stated above, at [illegible] M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Uterus

Metastases in Abdomen.

1 Year (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 7 DAYS

(Signed) Alfred Ullman M.D.

Address 526 N Broadway

Date Baltimore Sept 20 1907

Place of Burial Holy Redeemer

Date Sept. 21 1907

Undertaker Grant & Brach

Address 1904 Eshland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] C 4923 Registered No. B [illegible]

109 V

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josef Rada

{Residence, if in Baltimore, Give Street and Number.} 2223 Jefferson St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1880

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Josef Rada

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Stack

(Address) 320 N Collington Ave

Filed 9/21 1907

HARRY C. ARENTS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21 1907

I HEREBY CERTIFY, That I attended deceased from Sept 19 1907 to Sept 21 1907

that I last saw him alive on Sept 21 1907

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Gangrene Peritonitis

(DURATION) ..... DAYS

Contributory (Primary.) Perforated Duodenal Ulcer

(DURATION) ..... DAYS

(Signed) W. D. Gatch M.D.

Address Johns Hopkins Hospital

Date Sept 21 1907

Place of Burial Holy Redeemer Cem

Date Sept 23. 1907

Undertaker J. Crach

Address 1904 Ashland Ave

WM. J. G. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 4924 Registered No. B 61 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Paul Vorbringer

{Residence, if in Baltimore, Give Street and Number.} 1317 S. Carey Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 12 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltto

FULL NAME OF FATHER Paul Vorbinger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER A. Yentch

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ~~School~~ = None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Vorbinger

(Address) 1317 S. Carey st

Filed 9/21 1907 HARRY C. [illegible] PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 18, 1907

I HEREBY CERTIFY, That I attended deceased from September 1907 to September 1907

that I last saw him alive on September 18, 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal meningitis (Lepto-meningitis)

(DURATION) DAYS

Contributory (Primary.) Infective endo-

carditis (DURATION) DAYS

(Signed) [illegible] M.D.

Address Franklin Square Hospital

Date September 18, 1907

Place of Burial Western cemetery

Date 9-21 1907

Undertaker Robt. Brookerson

Address 17 S. Calhoun st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 4925 Registered No. B

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1513 Montrose St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ann Cannish

{Residence, if in Baltimore, Give Street and Number.} 1513 Montrose

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Ireland

DATE OF BIRTH 1

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ire

FULL NAME OF FATHER William Cannish

BIRTHPLACE OF FATHER (State or country) Ire

MAIDEN NAME OF MOTHER Grace Carter

BIRTHPLACE OF MOTHER (State or country) Ire

OCCUPATION OF DECEASED Mid Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Cannish

(Address) 1513 Montrose St

Filed 9/21 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18 1907

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Sept 18 1907

that I last saw h alive on Sept 1907,

and that death occurred, on the date stated above, at 1 M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 12 DAYS

Contributory (Primary.) Hemorrhage

(DURATION) 12 DAYS

(Signed) C H Howard M.D.

Address 712 S Broadway

Date Sept 19 1907

Place of Burial Laurel

Date Sept 21 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4926 Registered No. B

174

CERTIFICATE OF DEATH.

(Place of Death.) No. 29" St. T Maryland Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard Smith

{Residence, if in Baltimore, Give Street and Number.} 214 W. Chase St. C 4926

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William R. Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amelia Hooper

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Lavinia Smith

(Address) 214 W Chase St.

Filed 9/21 190 7 HARRY C. ARMS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 — 1907

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Suffocation in Pit from gases & suffocation

Accidental (DURATION) DAYS

Con'ributory (Primary.) Suffocation

(DURATION) DAYS

(Signed) Charles Smithmeyer M.D.

Address 1818 N. Chas. by Coroner

Date Sept 20 190 7

Place of Burial Laurel

Date Sept. 22 — 190 7

Undertaker W. F. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward ..... C 4927 Registered No. B .....

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 3021 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Yeager

{ Residence, if in Baltimore, Give Street and Number. } 3021 O'Donnell St.

Duration of Residence in Baltimore. 53 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 15 1827

AGE: 80 years, 5 months, 4 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Daniel Seitz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Wagner

(Address) 3021 O'Donnell

Filed 9/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Sept 18 1907

that I last saw h~~er~~ alive on Sept 18 1907,

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) 1 DAYS

Contributory (Primary.) Senility

(DURATION) 1 M.os ~~DAYS~~

(Signed) Dr. W. Jones M.D.

Address 3116 O'Donnell St

Date Sept 20th 1907

Place of Burial Mt. Carmel Cemetery

Date Sept. 22d 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

Ward 14 C 4928

Registered No. B C 4928 1/2 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 S. Stockton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Florence B Scarbrow

{ Residence, if in Baltimore, Give Street and Number. } 11 S. Stockton Street

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR Col

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William Scarbrow

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Scarbrow

(Address) 11 S Stockton St

Filed 9/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 20th 1907

I HEREBY CERTIFY, That I attended deceased from July 2d 1907 to September 20th 1907

that I last saw her alive on Sept 19th 1907

and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary) Heart Disease

3 months (DURATION) DAYS

(Signed) J. Marion Carrico M.D.

Address 488 W. Biddle Street

Date September 20th 1907

Place of Burial Mt Auburn

Date Sept 22 1907

Undertaker Alford J Freeland

Address 116 Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 4929 Registered No. B

105 V

CERTIFICATE OF DEATH.

Place of Death.) No. 608 Carrollton St (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Mary Madox

{ Residence, if in Baltimore, Give Street and Number. } 608 Carrollton St

Duration of Residence in Baltimore. all his life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 17 – 12 1906

AGE: ..... years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Maryland

FULL NAME OF FATHER: Jos Madox

BIRTHPLACE OF FATHER (State or country): Baltimore Maryland.

MAIDEN NAME OF MOTHER: Mary Blake

BIRTHPLACE OF MOTHER (State or country): Port Point Va.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Blake.

(Address) 608 Carrollton

Filed 9/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 20 IX 1907

I HEREBY CERTIFY, That I attended deceased from 17 VIII 1907 to 20 IX 1907

that I last saw h[illegible] alive on 19 IX 1907.

and that death occurred, on the date stated above, at 11.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ileo-colitis

2 1/4 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Marietta M. Thomas M.D.

Address 115 W. Baltimore St

Date 20 IX 1907

Place of Burial Mt. Auburn Cem

Date Sept 21 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 4930 Registered No. B 105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernadine Perkins

{Residence, if in Baltimore, Give Street and Number.} 714 W. Fayette St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 2 1907

AGE: ____ years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Richard W. Perkins

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Carrie E. Noon

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard W. Perkins

(Address) 714 W Fayette St

Filed 9/21 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20th 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 19th 1907 to Sept 20th 1907 that I last saw her alive on Sept 19th 1907, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis (DURATION) 2 DAYS

Contributory (Primary.) Gastro Enteritis (DURATION) 2 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 N. North Ave.

Date Balto Sept 20th 1907.

Place of Burial Holy cross cemetery

Date Sept 21 1907

Undertaker David & Margt G. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 4931

CERTIFICATE OF DEATH.

(Place of Death.) No. 150 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. W. Robinson

{Residence, if in Baltimore, Give Street and Number.} ~~Geo. W. Robinson~~ 150 ~~West Cross St~~

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 28 1871

AGE: 36 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married -

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Lazarus Robinson

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Carolina Lithina

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Glass blower -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Geo W Robinson (wife)

(Address) Cor Lexington & Cross Sts.

Filed 9/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 19 1907

I HEREBY CERTIFY, That I attended deceased from Aug 22 1907 to Sept 19 1907

that I last saw h alive on Sept 19 1907,

and that death occurred, on the date stated above, at 1:50 P M, CAUSE OF DEATH (Secondary or Immediate)

Cancer (neck)

Since before my 1st visit Aug 22-07 (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 2 DAYS

(Signed) Frank C. Ferguson M.D.

Address 1906 E. Sharp St

Date Sept 20 1907

Place of Burial Cedar Hill Cemetery

Date Sept. 21 1907

Undertaker David & Margt. G. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 42 C 4932 Registered No. B C 4932

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr Benjamin F. Dawson

{Residence, if in Baltimore, Give Street and Number.} Died this morning Sept 21 07

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Mr Joseph Dawson

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Miss Lewis

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. J. E. Weymouth

(Address) Cullen Va.

Filed 9/21 1907 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1907

I HEREBY CERTIFY, That I attended deceased from Sept 21 1907 to Sept 21 1907 that I last saw him alive on Sept 21 1907 and that death occurred, on the date stated above, at 8 4 M. CAUSE OF DEATH (Secondary or Immediate.)

Peritonitis

(DURATION) — DAYS

Con'tributory (Primary.) Appendicitis

(DURATION) 4 DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Sept 21 1907

Place of Burial Mundy Point Va

Date Sept 21 1907

Undertaker Jno. B. Cook

Address 1003 W Balto St

Northumberland Co.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Laura & William Blamberg

{Residence, if in Baltimore, Give Street and Number.} 1409 York Road

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 20th 1907

AGE: For 8 hours (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Blamberg

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Laura Galina

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carter

(Address) 1409 York Road

Filed 9/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (20) 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Sept 20 1907 that I last saw h. ins. alive on Sept 20 1907, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

8 hours (DURATION) — DAYS

Contributory (Primary.) Debility

8 hrs (DURATION) DAYS

(Signed) A W Macdonald M.D.

Address 1540 N Broadway

Date Sept. 20 1907

Place of Burial Baltimore Cemetery

Date Sept. 21 1907

Undertaker Henry Lutz

Address 1007 N. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1317 Ellin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Cason

{Residence, if in Baltimore, Give Street and Number.} 1317 Ellin st,

Duration of Residence in Baltimore. Life

C. 4934

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afric-Am

DATE OF BIRTH: 13th, Oct 1902

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Stephen Cason

BIRTHPLACE OF FATHER (State or country): Kentucky

MAIDEN NAME OF MOTHER: Ida Cason

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Cason

(Address) 1317 Ellin St

Filed 9/21 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 20th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 18th 1907 to Sept 20th 1907

that I last saw h— alive on Sept 19th 1907

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea

4 weeks (DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis

(DURATION) ..... DAYS

(Signed) R. Lee Ellis M.D.

Address 922 mod. ave

Date Sept. 20th 1907

Place of Burial W.O. Auburn Cemetery

Date September 22 1907

Undertaker Isaac Brown

Address 565 Dolphin st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 703, S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Lobus

{Residence, if in Baltimore, Give Street and Number.} 703. S. Bond St.

Duration of Residence in Baltimore. life time

C.4935

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Sept 1906

AGE 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frank Lobus

BIRTHPLACE OF FATHER (State or country) Austry

MAIDEN NAME OF MOTHER Malie Gorembaky

BIRTHPLACE OF MOTHER (State or country) Austry

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grant John S.

(Address) 703 S. Bond St

Filed 9/21 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 16 1907 to Sept 20 1907

that I last saw him alive on Sept 20 1907

and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119. E. Balto. St

Date Sept 20 1907

Place of Burial St Stanislaus.

Date Sunday Sept 22" 1907

Undertaker M. A. Sadowska.

Address 703. S Amm St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4936 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 Burgundy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Schorback

{ Residence, if in Baltimore, Give Street and Number. } 914 Burgundy St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 4th 1906

AGE ..... years, 9 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Schorback

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Ballman

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schorback

(Address) 914 Burgundy alley

Filed 9/21 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15 1907 to Sept 20 1907

that I last saw h[illegible] alive on Sept 19 1907,

and that death occurred, on the date stated above, at 12

the CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 2 DAYS

Contributory (Primary) [illegible]

(DURATION) 1 DAYS

(Signed) [illegible] M.D.

Address 517 Lemmon

Date Sept 20 1907

Place of Burial St Alphonsus

Date Sept 21st 1907

Undertaker J. D. Stanton & Co.

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

CERTIFICATE OF DEATH.

1191 V

(Place of Death.) No. 1917 Park ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Thomas J Talbott

{ Residence, if in Baltimore, Give Street and Number. } 1917 Park ave

C 4937

Duration of Residence in Baltimore. 29 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 27th 1842

AGE: 65 years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas J Talbott

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Honora MacKenzie

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Jenkins

(Address) 1913 Pole ave

Filed Sept 21 1907 Registrar

EGW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Sept 20 1907

that I last saw him alive on Sept 19 1907,

and that death occurred, on the date stated above, at 1230 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

Thours (DURATION) DAYS

Contributory (Primary.) Acute Nephritis

one month (DURATION) 20 DAYS

(Signed) James J Bosley M.D.

Address 1701 Hollins ave

Date Sept 21 1907

Place of Burial Lloyd Rest Cem

Date Sept 23 1907

Undertaker Joseph Soffe

Address 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 4938 Registered No. B

CERTIFICATE OF DEATH.

119 ✓

(Place of Death.) No. 1123 Parish al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Lewis

{Residence, if in Baltimore, Give Street and Number.} 1123 Parish al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Cold

DATE OF BIRTH 1872

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Geo W. Lewis

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known.

OCCUPATION OF DECEASED Maid.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Boslin

(Address) 1123 Parish al

Filed 9/21" 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-20 1907

I HEREBY CERTIFY, That I attended deceased from Sept-18 1907 to Sept-20 1907 that I last saw h[er] alive on Sept-20 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bright's Disease.

(DURATION) 30 DAYS

Con'ributory (Primary.) Heart failure (DURATION) 1 DAYS

(Signed) T. F. Daughaday M.D.

Address 2506 Bonna Ave

Date Balto Sept. 21 1907

Place of Burial Laurel Cemetery

Date September 22, 1907

Undertaker Felix A Frye

Address 1028 E. Hulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13V

CERTIFICATE OF DEATH.

C 4939

Registered No. B

City of Baltimore, (No. 928 Bolton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Winder

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: B

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Prince Ann, Somerset Co, Md.

FULL NAME OF FATHER: George Jones

BIRTHPLACE OF FATHER (State or country): Prince Ann, Somerset Co. Md.

MAIDEN NAME OF MOTHER: Lucy Jones

BIRTHPLACE OF MOTHER (State or country): Prince Ann, Somerset Co, Md.

OCCUPATION OF DECEASED: Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Henry Winder

(Address) 928 Bolton St.

Filed 9/21 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 20 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 19 1907 that I last saw her alive on Sept 19 1907, and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia Lobar

(DURATION) 10 DAYS

Contributory old age

(DURATION) ..... DAYS

(Signed) H A Tuxedo M. D.

Sept 19th 1907 (Address) 640 N Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 22 1907

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. 930

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 Prince St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie V Hankins

{ Residence, if in Baltimore, Give Street and Number. } 1674 Prince St

Duration of Residence in Baltimore. 4 Years & 6 Months

C.A. 940

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Sept 1860

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER George Clark

BIRTHPLACE OF FATHER (State or country) Howard County

MAIDEN NAME OF MOTHER Louisa Taylor

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Herbert Husband

(Address) 1624 Prince St

Filed 9/21" 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 18 1907 that I last saw h.. alive on Sept 18 1907 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. E. Morton M.D.

Address 638 N Gilmor

Date Sept 20th 1907

Place of Burial Brown Chapel M. E. Bethel Baltimore Howard Co Md

Date Sept 22nd 1907

Undertaker Isaac T. W. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V C 4941 Registered No. B

CERTIFICATE OF DEATH.

172 V

(Place of Death.) No. M°Gratis Wharf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles B. Bradford

{ Residence, if in Baltimore, Give Street and Number. } 18 S Regester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 15 years, months, days

SINGLE, ~~MARRIED~~ WIDOWED OR ~~DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Bradford

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary E. Bobdy

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Bradford

(Address) 18 S Regester st

Filed 9/21" 1907 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 18th 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Ducklin Coroner M.D.

Address 320 N Eutaw st

Date 190

Place of Burial Laurel Cemetary

Date 22 September 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V C 4942 Registered No. B 13V

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 So Regester St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary R. Beatley

{Residence, if in Baltimore, Give Street and Number.} 107 So. Regester

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 18th 1861

AGE 46 years, 8 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beatley

(Address) 104 S. Regester St.

Filed 9/21" 1907 HARRY C. ANDREAE Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 19 1907 that I last saw h[illegible] alive on Sept 18 1907, and that death occurred, on the date stated above, at 5.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion — Collapse

(DURATION) 2 DAYS

Con'tributory (Primary.) Cholera Morbus

(DURATION) 2 DAYS

(Signed) Geo L. Wilkins M.D.

Address 6 N. Broadway

Date Sept 19 1907

Place of Burial Mt Carmel Cemetery

Date Sept 22 1907

Undertaker H. Sanders & Sons

Address 1710 Canton Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 19th C 4943 Registered No. B 1086

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Genl. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Alexander.

{Residence, if in Baltimore, Give Street and Number.} Henderson Md.

Duration of Residence in Baltimore. 1 Day

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Mc Kinney

BIRTHPLACE OF FATHER (State or country) C.

MAIDEN NAME OF MOTHER -

BIRTHPLACE OF MOTHER (State or country) -

OCCUPATION OF DECEASED -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Mckinney

(Address) Camden & Pac

Filed 9/21" 1907 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 21-07 190

I HEREBY CERTIFY, That I attended deceased from sept 20 1907 to Sep 21 1907 that I last saw h in alive on Sept 21 1907 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Shock and inbetween Paralysis

(DURATION) DAYS

Contributory (Primary.) Intercumptus

(DURATION) DAYS

(Signed) J. W. McKee M.D.

Address Md. Gen Hospl

Date Sept. 21. 1907

Place of Burial Elkton Md

Date Sept 22 1907

Undertaker W. J. Tuckey & Son

Address Camden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. [illegible] Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Daniels

{Residence, if in Baltimore, Give Street and Number.} 421 N Durham St

C. 4944

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 65 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wilson

(Address) 421 N. Durham

Filed 9/22 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 — 190 7

I HEREBY CERTIFY, That I attended deceased from

[illegible] 190 to 190

that I last saw h[illegible] alive on 190,

and that death occurred, on the date stated above, at 1230 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Sept. 20 — 190 7

Place of Burial National

Date Sept 22 — 190 7

Undertaker R. A. Elliott

Address 506 Royen Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

C-4945

Drawing

Ward 1 C 4545 Registered No. B 1570

CERTIFICATE OF DEATH.

(Place of Death.) No. 532 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josef Boris

{ Residence, if in Baltimore, Give Street and Number. } 532 N. Chapel St.

Duration of Residence in Baltimore. 25 yrs. C. 4946

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH ....1....

AGE 76 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. Cullinan

(Address) 532 N. Chapel St.

Filed 9/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 1907

I HEREBY CERTIFY, That I attended deceased from Aug 19 1907 to Sept 19 1907

that I last saw him alive on .. 1907

and that death occurred, on the date stated above, at 1.16 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) .... DAYS

Contributory (Primary) Cardiac Dilatation (DURATION) .... DAYS

(Signed) William J. Kyseck M.D.

Address 900 Ashland Ave

Date Sept. 22 1907

Place of Burial Holy Redeemer

Date Sept. 23 1907

Undertaker Frank Grach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 4947 Registered No. B

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry C. Briscoe

{Residence, if in Baltimore, Give Street and Number.} Bay View (500 N Caroline)

C 4947

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male.	COLOR: Col.
DATE OF BIRTH: 1	
AGE: 52 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer.	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lander Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/22 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1907 to Sept 20 1907 that I last saw him alive on Sept 20 1907, and that death occurred, on the date stated above, at 3 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis. (DURATION) — DAYS

(Signed) Robt. P. Clay M.D.

Address Bay View

Date Sept. 20. 1907

Place of Burial Laurel Md

Date Sept 22 1907

Undertaker Wm J Stephenson

Address 1421 Bullitt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 4948 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 Clement St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George Stroebler

{Residence, if in Baltimore, Give Street and Number.} 1423 Clement St

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 15 1905

AGE: 2 years, ... months, 5 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): here

FULL NAME OF FATHER: Caspar Stroebel

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Katherine Bashaw

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caspar Stroebel

(Address) 1423 Clement St

Filed 9/22 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 21 1907

I HEREBY CERTIFY, That I attended deceased from Sept 16 1907 to Sept 21 1907

that I last saw him alive on Sept 20 1907

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis (DURATION) 6 DAYS

Con'ributory (Primary) Jaundice (DURATION) 10 DAYS

(Signed) Kahn M.D.

Address 150 E. Fort Ave

Date Sept. 21 1907

Place of Burial Holy Cross R.R. Co.

Date Sept 23 1907

Undertaker Jos. Stumterbeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 4949 Registered No. B [illegible]

504

CERTIFICATE OF DEATH.

(Place of Death.) No. 305, S. Bond. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine Piszkiewicz

{Residence, if in Baltimore, Give Street and Number.} 305. S. Bond. St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH [illegible] 1

AGE 32 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Frank Kua

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Magdelana Bernadskaya

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Kua

(Address) 305 S. Bond St

Filed 9/22 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Sept 20 1907

that I last saw her alive on Sept 20 1907,

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia Convulsions

(DURATION) 12 DAYS

Contributory (Primary.) Nephritis (6 mos) about 1 year (DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 161 Bradley

Date Sept 21 1907

Place of Burial Holy Rosary

Date Sept 23. 1907

Undertaker Jacob Siatkowski

Address 428. S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 V C 4950 Registered No. B [illegible] 151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1727 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anastazya Buchacz

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 22nd 1906

AGE: 1 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Piotr Buchacz

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Katy Bialej

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Piotr Buchacz

(Address) 1727 Thames st

Filed 9/22 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 19 1907 that I last saw h[illegible] alive on Sept 19 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Examination (DURATION) 20 DAYS

Contributory (Primary.)

Indigestion (DURATION) 30 DAYS

(Signed) S. F. Samuels M.D.

Address 722 S. Chapel st

Date Sept 22nd 1907

Place of Burial St Stanislaus

Date Sept 22 1907

Undertaker Jacob Zabawski

Address 422 S Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V Registered No. B

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Simon Pinnowitz

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C 4951

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 43 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Poland	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 9/22/1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21. 1907.

I HEREBY CERTIFY, That I attended deceased from Aug. 31. 1907 to Sept. 21. 1907 that I last saw him alive on Sept. 21. 1907 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexia

(DURATION) 4 DAYS

Con'tributory (Primary.) ~~Oedema of Lungs~~

~~Cystitis~~ Nephritis (DURATION) ~~Unknown~~ DAYS

(Signed) H M Andrews M.D.

Address Bay View Asylum

Date September 21. 1907

Place of Burial St Stanislaus

Date Monday Sep 23" 1907

Undertaker M A Jackowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 C 4952 Registered No. B [illegible]

C-4952
120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John W. Ferry, Jr.

{ Residence, if in Baltimore, Give Street and Number. } 225 S. Gilmor St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: John W. Ferry Sr

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Levinia Stewart

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Telegraph operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Fremont st

Filed 9/22 1907

HARRY C. ANDREWS
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1907 to Sept 20 1907

that I last saw him alive on Sept 19 1907

and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) Days 5 Hours

Contributory (Primary) Uraemic Convulsions

(DURATION) 1 DAYS

(Signed) Henry C. O'Dee M.D.

Address 1203 W. Fayette St

Date Sept 21 1907

Place of Burial Mount Olivet

Date Sept. 22 nd 1907

Undertaker John J. Fields

Address 1200 N. Fremont st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4953

Registered No. B .....

City of Baltimore, (No. 1330, Myrtle Ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie J. Kromeke

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Werner Kromeke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary M. Thone

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Kromeke

(Address) 1330 Myrtle Ave

Filed 9/22 1907

[illegible] Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep. (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1904 to Sep. 20 1907

that I last saw her alive on Sep. 20 1907,

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Tuberculosis of lungs & throat (Consumption)

about 3 years (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) J. M. H. Rowland M. D.

Sep. 20 1907 (Address) 1304 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer | DATE OF BURIAL: 9/23 1907

UNDERTAKER: Wm J Schilling | ADDRESS: 98 Poplar Grove

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C 4957 Registered No. B 131 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 Wheeler St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Mary Kramer

{Residence, if in Baltimore, Give Street and Number.} 425 Wheeler St.

Duration of Residence in Baltimore. Lifetime C. 4954

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR W

DATE OF BIRTH July 4 1904

AGE ..... years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Peter Kramer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Chris Heeth

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Kramer (Father)

(Address) 425 Wheeler St

Filed 9/22" 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Sept 20 1907 that I last saw h[illegible] alive on Sept 20 1907, and that death occurred, on the date stated above, at 11:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Enteritis (DURATION) 1 MONTH DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) L. J. Burlingame M.D.

Address 102 E Fort Ave

Date 9/21 1907

Place of Burial Holy Redeemer Cemetery

Date Sept 23 1907

Undertaker E. Hasle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 4955 Registered No. 8 264

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Crumbly

{ Residence, if in Baltimore, Give Street and Number. } Washington D.C.

Duration of Residence in Baltimore. 3 yrs. C.4955

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Black

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Charles Co. Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. T. Cook Res M.

(Address)

Filed 9/22 1907

HARRY O. ANDERSON Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21 1907

I HEREBY CERTIFY, That I attended deceased from May 8 1907 to Sept 21 1907

that I last saw h in alive on Sept 21 1907

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Tuberculosis

4 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Cook Jr M.D.

Address 1808 R. Church St

Date Sept 21 1907

Place of Burial Washington D.C.

Date Sept 22nd 1907

Undertaker William Cook

Address 774 East Capitol St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 4956 Registered No. B

CERTIFICATE OF DEATH.

105

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Banks

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Beh
DATE OF BIRTH Dec. 8 1906	
AGE — years, 9 months, 12 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Coty
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 9/22" 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 18 1907 to Sept. 20 1907

that I last saw her alive on Sept 20 1907,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Sept. 20 1907

Place of Burial Cathedral Cemetery

Date September 23 1907

Undertaker R. Eli B. Pope

Address 102 E Hubbary St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4957 Registered No. B .....

CERTIFICATE OF DEATH.

20 V

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mamie. Shimmick

{Residence, if in Baltimore, Give Street and Number.} 512 N. Eutaw St.

Duration of Residence in Baltimore. Life (22 yrs)

C. 4957

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 3 1880

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED divorced

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER A W Shimmick

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Martha Shimmick

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs I Streett

(Address) 1628 N Broadway

Filed 9/23" 1907 HARRY G. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1907

I HEREBY CERTIFY, That I attended deceased from 4 P.M. Sept 22 1907 to 12 P.M. Sept 22 1907 that I last saw h[illegible] alive on Sept 22 1907, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septicemia

..... (DURATION) — DAYS

Contributory (Primary.) Emphysema of gall bladder + acute Bright (DURATION) — DAYS

(Signed) John L. Moore M.D

Address St. Josephs Hospital

Date Sept. 23 1907

Place of Burial Mt Auburn

Date Sept 24 1907

Undertaker Robt J Smith

Address 1742 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age,*** condition (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4958

City of Baltimore, (No. 2859, W. Lafayette Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary L. Wagner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 17 (Day) 1835 (Year)

AGE: 72 years, 2 months, days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Robt. H. Jarratt

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Elizabeth Cayla

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Wagner

(Address) 2859 W. Lafayette ave

Filed 9/13 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan. 1905 to Sept. 21 1907

that I last saw her alive on Sept. 7 1907,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

10 Years (DURATION) DAYS

Contributory Hemorrhage of Lungs

1 hour (DURATION) DAYS

(Signed) Wm. Grant M. D.

Sept. 22 1907 (Address) 2020 W. North ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. O. Cemetery — DATE OF BURIAL: Sept. 23 1907

UNDERTAKER: Wm. Cook — ADDRESS: 602 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 C 4959 Registered No. B [illegible]

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 703 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Arthur Kelly

{Residence, if in Baltimore, Give Street and Number.} 2651 West North Av.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm A Kelly

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Charlotta Kelly

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Kelly.

(Address) 2651 W North Ave

Filed 9/23 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21st 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15th 1907 to Sept 21st 1907

that I last saw him alive on Sept 20th 1907

and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate

Rhumatism, Acute Endocarditis, Acute Nephritis Coma & Asthenia (DURATION) 3 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Sept 21st 1907

Place of Burial Lauderdale

Date Sept 23 1907

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179 V

CERTIFICATE OF DEATH.

Registered No. BC 4960

City of Baltimore, (No. 823 Curley — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Olivet B. Mills

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 19 (Month) (Day) 1907 (Year)

AGE: — years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Charles B. Mills

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Amelia Ayres

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Mills

(Address) 823 S. Curley St

Filed 9/23 1907

HARRY C. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 20th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Sept 20th 1907 that I last saw her alive on Sept 18 1907, and that death occurred, on the date stated above, at 1.25 P. M. The CAUSE OF DEATH was as follows:

Marasmus

3 months (DURATION) — DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) John F. Mangan M. D.

Sept 26 1907 (Address) 1002 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Trinity Cem.

DATE OF BURIAL: Sept 22 1907

UNDERTAKER: HENRY GARDLE

ADDRESS: S. E. Cor. Broadway & Baltimore, Md.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 4561 Registered No. B 61V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1916 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa Bauer

{Residence, if in Baltimore, Give Street and Number.} 1916 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 19th 1907

AGE ..... years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Clinton Bauer

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Catherine Knobel

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clinton Bauer

(Address) 1916 Eastern Ave

Filed 9/23 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1907 to Sept 22 1907 that I last saw h[illegible] alive on Sept 22 1907, and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 6 DAYS

Contributory (Primary.)

Convulsions (DURATION) 1 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Sept. 22 1907

Place of Burial Mary De Grace Md

Date Sept 23 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts
and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 4962 Registered No. B [illegible] 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 3608. Park Heights Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Mensel

{ Residence, if in Baltimore, Give Street and Number. } 3608 Park Heights Av

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 18 1902

AGE: 5 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry F Mensel

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary E. Dukehart.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F. Mensel

(Address) 3608 Park Heights Av

Filed 9/23 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 21st 1907

I HEREBY CERTIFY, That I attended deceased from August 23d 1907 to Sept 21st 1907 that I last saw him alive on Sept 21st 1907, and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid fever (DURATION) 28 DAYS

(Signed) E. G. Shower M.D.

Address 1224 N. North ave

Date September 22nd 1907

Place of Burial New Cathedral Cemy.

Date Sept 23 1907

Undertaker Mrs Andrew Rohde Sons

Address 930 Pennsylvania Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 4963 Registered No. D

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1416 N. Luzerne St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude R. Gorsuch.

{ Residence, if in Baltimore, Give Street and Number. } 1416 N. Luzerne St.

Duration of Residence in Baltimore.

C. 4963

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 24th, 1907

AGE: ..... years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Pinkney S. Gorsuch

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Clara Sanders

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pinkney S. Gorsuch

(Address) 1416 N. Luzerne St.

Filed 9/23 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21st 1907

I HEREBY CERTIFY, That I attended deceased from September 19th 1907 to September 21st 1907 that I last saw her alive on September 20th 1907, and that death occurred, on the date stated above, at 5.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions and Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Acute Colitis

(DURATION) 3 DAYS

(Signed) Albert G. Fingueley M.D.

Address 1503 E. North Ave.

Date Sept 21st. 1907

Place of Burial Mt Olivet

Date Sept 23rd 1907

Undertaker A. F. Philbin

Address 1711 Maryland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 C 4964 Registered No. B 4964

CERTIFICATE OF DEATH.

50 V

(Place of Death.) No. 716 Cumberland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertie Marmon

{Residence, if in Baltimore, Give Street and Number.} 2437 Francis St

Duration of Residence in Baltimore.

C 4964

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 18 1826.

AGE: 31 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Knott

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Bell Hutchins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Simmons Marmon

(Address) 716 Cumberland St.

Filed 9/23 1907

MARY C. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 21 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15 1907 to Sept 21 1907

that I last saw her alive on Sept 21 1907,

and that death occurred, on the date stated above, at 11:15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 1 DAYS

Contributory (Primary.) Diabetes Mellitus

Don't know (DURATION) DAYS

(Signed) Alex. T. Vansant M.D.

Address 1656 N. Gilmor St

Date Sept 21 1907

Place of Burial Woodlawn Cemetery

Date Sept 23 1907

Undertaker Josiah Syfers

Address 1600 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 4965 Registered No. B C 4965

IV

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Drake

{ Residence, if in Baltimore, Give Street and Number. } 227 S Bethel St

C. 4965

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Black
DATE OF BIRTH	1
AGE	27 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 9/23 1907 HARRY C. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 19 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 19 1907

that I last saw h[illegible] alive on Sept 19 1907,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. W. Clough, M.D.

Address Johns Hopkins Hospital

Date September 20 1907

Place of Burial Int Zion Cem

Date Sept 23rd 1907

Undertaker Wm J G Jackson

Address 1421 Mullikin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 C 4966 Registered No. B [illegible] 1727

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 7 Light St wharf St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ernest R Taylor 6.

{ Residence, if in Baltimore, Give Street and Number. } Don't know

Don't know

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Don't know 1

AGE: 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Dago Taylor 6

BIRTHPLACE OF FATHER (State or country): Richmond Va.

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dago Taylor 6. father.

(Address) New York

Filed 9/13 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 16 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h[illegible] alive on 190,

and that death occurred, on the date stated above, at 11.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date Sept 22 1907

Place of Burial Richmond Va

Date Sept 24 1907

Undertaker Alex Hermaley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 4967 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 310 E. 23rd St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Levi H. Smith

{Residence, if in Baltimore, Give Street and Number.} 310 E. 23rd St

Duration of Residence in Baltimore. 23 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Mch 16 1842

AGE: 65 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maine

FULL NAME OF FATHER: Jaret Smith

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Sarah I Dain

BIRTHPLACE OF MOTHER (State or country): Maine

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah F. Smith

(Address) 310 E. 23rd St

Filed 9/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1907

I HEREBY CERTIFY, That I attended deceased from June 1905 to Sept 21 1907

that I last saw him alive on Sept 21 1907

and that death occurred, on the date stated above, at 6.45 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Interstitial perforation

Asthenia

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis

Intest. Tuberculosis (DURATION) 2 years DAYS

(Signed) Walter B Platt M.D.

Address 502 Cathedral St

Date 24 Sept 23 1907

Place of Burial New Bedford Mass

Date Sept 24 1907

Undertaker Chas. E. Francis

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

13

HEALTH DEPARTMENT. CITY OF BALTIMORE.

41 ✓

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4968

City of Baltimore, (No. 1342 W. North ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Cecelia Hammond Single

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White.

DATE OF BIRTH Dec 1st 1845
(Month) (Day) Year)

AGE 61 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Maryland- Anne Arundel Co.

FULL NAME OF FATHER William Hammond M.D.

BIRTHPLACE OF FATHER (State or country) Md. A. County- Maryland.

MAIDEN NAME OF MOTHER Ann Williams

BIRTHPLACE OF MOTHER (State or country) St George Co, Maryland,

OCCUPATION OF DECEASED Many Years An invalid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. R. Hammond M. D.

(Address) 502 N. Carey Street

Filed 9/23 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21st 1907
September (Month) 21st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from A. D. 1866 ~~190~~ to Sept. 21st 1907 that I last saw her alive on 20th Sept 1907, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Melanotic Cancer involving rectum and Colon - Metastasis generalized from the Sacral Region Secondarial Fever

Last Illness (DURATION) 7 DAYS

Contributory Malignant disease of the bowels 15 years (DURATION) ..... DAYS

(Signed) J. Ridgely Hammond M. D.

Sept. 21st 1907 (Address) 502 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL London Park — DATE OF BURIAL Sept 23 1907

UNDERTAKER Geo J Smith Co — ADDRESS 1000 W. Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

1794

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 4969

City of Baltimore, (No. 429 Augusta St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ruth Rosenstein

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Dont Know (Month) (Day) 1907 (Year)

AGE about six months years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Thrombosis, child never do not know anything about them

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Peterson

(Address) 1103 Eden St

Filed 9/23 1907

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 20 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Sept 20 1907

that I last saw h alive on Sept 19 1907

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 27 DAYS

Contributory Intestinal troubles

(DURATION) DAYS

(Signed) E. L. Peterson M. D.

Sept 22 1907 (Address) 1103 Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

DATE OF BURIAL: SEP 22 1907

UNDERTAKER: Consolidated Board

ADDRESS: Hartford

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial; a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

E 216

Ward 11 Registered No. B C 4970 C 4970

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Provincial Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Annie Jackson

{Residence, if in Baltimore, Give Street and Number.} North Point Road.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Black
DATE OF BIRTH	1
AGE	60 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address)

Filed 9/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 18 1907

I HEREBY CERTIFY, That I attended deceased from July 11 1907 to Sept. 18 1907 that I last saw h cr alive on Sept. 18 1907, and that death occurred, on the date stated above, at 1 a.m.

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Carcinoma of intestine (DURATION) DAYS

(Signed) Wm. J. Schmit M.D.

Address St. Joseph's Hospital

Date 190

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES.

Place of Burial

Date SEP 22 1907 190

Undertaker Commissioner Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

#210

Ward 7 C 4971 Registered No. B C 4971

97 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 213 Scott St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Timothy L. Lofton

{Residence, if in Baltimore, Give Street and Number.} same as above

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: M.

DATE OF BIRTH: Sep 20 [illegible]7

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Loftus

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margt Bain

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Iron moulder.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 9/23 1907 HARRY C. AMBRUSE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep 20 1907

I HEREBY CERTIFY, That I attended deceased from Sep 1. 1907 to Sep 20 1907

that I last saw h[illegible] alive on Sep 20 1907

and that death occurred, on the date stated above, at 4 a m. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) 3 weeks DAYS

Contributory (Primary.) Heart – failure

(DURATION) 2 DAYS

(Signed) A O'Driscoll M.D.

Address 26 S Poppleton St.

Date Sep 21 1907

Place of Burial New Cathedral

Date Sept 24 1907.

Undertaker M. Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

112 V

CERTIFICATE OF DEATH.

Registered No. B C 4972

City of Baltimore, (No. 501, E. 20th St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael Vicari

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 31st (Month) (Day) 1850 (Year)

AGE: 57 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Italy Milazzo.

FULL NAME OF FATHER: Michael Vicari

BIRTHPLACE OF FATHER (State or country): Milazzo Italy

MAIDEN NAME OF MOTHER: Angela Cavallaro

BIRTHPLACE OF MOTHER (State or country): Milazzo Italy

OCCUPATION OF DECEASED: Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Vicari

(Address) Beaumont Ave near Garrison Road

Filed 9/23 1907

MARK C. [illegible] PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 22 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1907 to Sept 22 1907

that I last saw h— alive on Sept 21 1907,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Asthema

(DURATION) 7 DAYS

Contributory Cirrhosis of Liver (DURATION) 1 Years

(Signed) D. J. Sfeun M. D.

9/22 1907 (Address) 180 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Sept 24 1907

UNDERTAKER: Evans & Spence

ADDRESS: 1181 1220 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

67 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4973

City of Baltimore, (No. 240 Wilson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joshua Lynch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec (Month) 25 (Day) 1829 (Year)

AGE: 77 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Lynch

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Stansbury

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Joshua Lynch

(Address) 240 Wilson St.

Filed 9/23 1907

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 21 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from May 21 1907 to Sep 21 1907 that I last saw h[im] alive on Sep 21 1907, and that death occurred, on the date stated above, at 11. 15 P.M. The CAUSE OF DEATH was as follows:

General Paralysis following Cerebral hemorrhage 3 years ago and a second hemorrhage Aug 27 (DURATION) 30 DAYS

Contributory Cerebral Hemorrhage

3 years (DURATION) DAYS

(Signed) J. H. P. Bales M. D.

Sept 22 1907 (Address) 855 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: Sept 24 1907

UNDERTAKER: Evans & Spence | ADDRESS: 118.120. W Mt. Ro[y] ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 C 4974 Registered No. B C 4974

CERTIFICATE OF DEATH.

66 V

(Place of Death.) No. 1517 Light St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Bauman

{Residence, if in Baltimore, Give Street and Number.} 1517 Light St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 78 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jacob Shrecke

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Hester Rectter

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Hsw

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Burkman

(Address) 1002 River Side Ave

Filed 9/23 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 22d 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 20th 1907 to Sept 22d 1907 that I last saw h[illegible] alive on Sept 20th 1907, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis

(DURATION) ..... DAYS

Contributory (Primary.) Epilepsy

(DURATION) ..... DAYS

(Signed) W. H. Hagelin M.D.

Address 1425 Light St

Date Sept 22d 1907

Place of Burial Baltimore Cem

Date Sept 24, 1907

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 4975 Registered No. B [illegible] 159 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celeste Lynch

{Residence, if in Baltimore, Give Street and Number.} 1931 Edmondson Ave.

Duration of Residence in Baltimore, Ten months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: White

DATE OF BIRTH: April 23rd 1865

AGE: 42 years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Abraham Lynch

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Amanda Evans

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Home nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emma Cole

(Address) 1930 Edmondson ave

Filed 9/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21 or 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from internal haemorrhage from the liver, caused by pistol shot (DURATION) 3 DAYS

Contributory (Primary.) Suicide by pistol shot (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700, Lof. av. (Comm)

Date Sept. 20th 1907

Place of Burial: London Park

Date Sept 2 1907

Undertaker Jno B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 C 4976 Registered No. B C 4976

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 911 N. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank T. Owens

{ Residence, if in Baltimore, Give Street and Number. } 911 N. Lexington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 1

AGE 48 years, 5 months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Thos. J. Owens

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Emily J. Wells

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Owens

(Address) 405 N Calhoun St

Filed 9/13 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21 1907

I HEREBY CERTIFY, That I attended deceased from May 17 1907 to Sept. 21 1907 that I last saw him alive on Sept. 21 1907, and that death occurred, on the date stated above, at 3:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

"Bright's Disease"

(DURATION) 120 DAYS

Contributory (Primary.) Heart Weakness

(DURATION) 20 DAYS

(Signed) J. G. Linthicum M.D.

Address 1327 W Fayette St

Date Sept. 21 1907

Place of Burial Greenmount

Date Sept. 23 1907

Undertaker L. B. Cook

Address 703 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Remove to 405 N Calhoun St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 4977 Registered No. B - C 4977

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 Frederick Ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert W. Stevens

{ Residence, if in Baltimore, Give Street and Number. } 1625 Frederick Ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct 27 1832

AGE 74 years, 10 months, 24 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary A Stevens

(Address) 1625 Frederick Ave

Filed 9/23 1907

HARRY O. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep 20 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to Sep 20 1907 that I last saw h~~im~~ alive on Sep 17 1907, and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage and Heart failure

about 1 month (DURATION) DAYS

Contributory (Primary.) Brights Disease 2 years (DURATION) DAYS

(Signed) Robert B Bacon M.D.

Address 1110 N Eutaw St

Date Sept 21 1907

Place of Burial Loudon Park

Date Sept 23 1907

Undertaker J D B Cook

Address 100 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 4978

City of Baltimore, (No. 1221 Pennsylvania Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Mary Stark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 10 (Day) 1858 (Year)

AGE: 49 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: James J Staunton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary O Ferrall

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Molloy

(Address) 1224 Pennsylvania Ave

Filed 9/23 1907

HARRY C. ADKINS, REGISTRAR OF VITAL STATISTICS

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Sept 1907 that I last saw her alive on Sept 15 1907 and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Dilation of Heart

(DURATION) — DAYS

Contributory Mitral valvular disease

(DURATION) — DAYS

(Signed) William E Burden M.D.

Sept 22 1907 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Sept 23 1907
UNDERTAKER	ADDRESS
H Fahey & Sons	616 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 47 — C 4979 — Registered No. B C 4979

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Norris

{Residence, if in Baltimore, Give Street and Number.} Woodlawn Co. Md

Duration of Residence in Baltimore. Since 4-20-07

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Negro
DATE OF BIRTH: 1	
AGE: 24 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Levi Norris	
BIRTHPLACE OF FATHER (State or country): Balto Co. Md	
MAIDEN NAME OF MOTHER: Lydia Shorter	
BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Md	
OCCUPATION OF DECEASED: Farm Hand	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lloyd Norris

(Address) Govans Level Balto Co

Filed 9/23 1907

HARRY G. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 22 1907

I HEREBY CERTIFY, That I attended deceased from 9/20 1907 to 9/22 1907

that I last saw him alive on 9/22 1907

and that death occurred, on the date stated above, at 11 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Contributory (Primary.) Hemorrhage of Brain

(DURATION) 5 DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Sept 23 1907

Place of Burial Good Hope Cemetery Balto Co Md

Date Sept 24 1907

Undertaker C. A. Kraft

Address Pikesville Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 4980

Registered No. B .....

City of Baltimore, (No. Provident Hospital St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Peck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frank Macabee

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Daisy Dorsey

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John Smith

(Address) 592 Union St.

Filed 9/23" 190 7 HARRY O'N ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 22nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1907 to Sept 22 1907

that I last saw her alive on Sept. 21 1907,

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Mitral Insufficiency

Heart Disease (DURATION) ..... DAYS

Contributory Pneumonia

Edema (DURATION) ..... DAYS

(Signed) F. T. Lear M. D.

Sept 23 1907 (Address) 515 Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Sept 23 1907

UNDERTAKER: Felix B. Bye

ADDRESS: 1025 Hulberry St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 4981 Reg... No.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Whitaker

{Residence, if in Baltimore, Give Street and Number.} 1015 Leadenhall St.

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Edward Johnson

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Dollie Johnson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Johnson (Father)

(Address) 1015 Leadenhall St.

Filed 9/23/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Sept 22 1907 that I last saw her alive on Sept 22 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 2 weeks DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 weeks DAYS

(Signed) D. H. Finan M.D.

Address 712 S. Bond St

Date Sept 22 1907

Place of Burial Ebula Station, Anne Arundel Co. Md.

Date Sept. 23 1907

Undertaker John H. Cadman

Address 142 W. Pleasant St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 Registered No. B.C. 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1130 Honora St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estell Wood.

{Residence, if in Baltimore, Give Street and Number.} 1130 Honora St.

Duration of Residence in Baltimore. since birth. C.4982

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 14 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George W Wood

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary A Brunetz

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo L. Wood Jr.

(Address) 1130 Honora St

Filed 9/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Sept 22 1907 that I last saw her alive on Sept 22 1907 and that death occurred, on the date stated above, at 12.30 M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. Edward Smith M.D.

Address 528 Hanover St

Date Sept. 23 1907

Place of Burial Holy Redeemer

Date Sept 23 1907

Undertaker J E Evans

Address 1438 E Chase St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27V

CERTIFICATE OF DEATH.

~~C~~ C 4983

Registered No. B .....

City of Baltimore, (No. 310, S. Bethel St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jane Coalman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cambridge Md

FULL NAME OF FATHER: James A Linsey

BIRTHPLACE OF FATHER (State or country): Cambridge Md

MAIDEN NAME OF MOTHER: Henrietta Conaway

BIRTHPLACE OF MOTHER (State or country): Cambridge Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Colman

(Address) 310 S. Bethel St

Filed 9/23 1907

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 20th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 20th 1907 to Sept. 21st 1907

that I last saw h[illegible] alive on Sept. 20th 1907;

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary T. B

1 1/2 yrs (DURATION)

Contributory Cardiac Exhaustion

3 DAYS (DURATION)

(Signed) A. F. Rice M. D.

Sept 22nd 1907 (Address) 213 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cambridge, Md

DATE OF BURIAL: Sept. 23rd 1907

UNDERTAKER: Theodore White

ADDRESS: 1702 Gough St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. D 4984

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 East 20" St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry H. Welby

{Residence, if in Baltimore, Give Street and Number.} 411 E. 20" St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 21" 1863

AGE 44 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Charles C. Welby

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret E. Hartman

BIRTHPLACE OF MOTHER (State or country) Baltimore, Md.

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E. Welby. wife

(Address) 1411 E. 20" St.

Filed 9/23 1907 HENRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22. 1907

I HEREBY CERTIFY, That I attended deceased from June 27. 1907 to Sept. 22. 1907

that I last ~~saw~~ prescribed for him alive on " 21 1907

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic interstitial hepatitis (Cirrhosis of liver)

(DURATION) Yrs. DAYS

Con'tributory (Primary) Hemorrhage of Stomach & Bowels

(DURATION) 5 hours DAYS

(Signed) Geo. A. Hartman M.D.

Address 1121 N. Caroline St.

Date Balto. Md. Sept. 23. 1907

Place of Burial Cathedral Cemetery

Date September 24" 1907

Undertaker Henry W. Mears Jr.

Address 7 W. Lst North Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date

C 4985
40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia M. Petri

{Residence, if in Baltimore, Give Street and Number.} 919 N. Central Ave

Duration of Residence in Baltimore. Life

C.4985

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 5-7 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Ambrose Kreidewicz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosina Lawrence

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Andrew. N. Petri

(Address) 919 N. Central Ave.

Filed 9/23 1907

HARRY O. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 21st 1907

I HEREBY CERTIFY, That I attended deceased from June 7th 1907 to Sept 21st 1907

that I last saw her alive on Sept 20th 1907;

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Liver

(DURATION) 1 Year DAYS

Contributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date Sept 21st 1907

Place of Burial Holy Redeemer (Cemetery)

Date Sept. 24th 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 4986

City of Baltimore, (No. 2334 E. Baltimore St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME ~~Thomas~~ William Norman Crist ~~Crist~~

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph Willin Crist

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Nellie E Demitz

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph W Crist Pa ✓ St

(Address) 2334 E Balto St.

Filed 9/23 1907

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 21st 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1906 to Sept 21st 1907 that I last saw h was alive on Sept 21st 1907, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Mitral insufficiency

(DURATION) 500 DAYS

Contributory Broken compensation

(DURATION) 40 DAYS

(Signed) C. H. Saunders M. D.

Sept 21 1907 (Address) 2 S Paca St Cor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Sept 24 1907
UNDERTAKER	ADDRESS
H C Hughes	17 S Broadway

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

271

(Place of Death.) No. 51 Wilkens St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry J. Kestner

{Residence, if in Baltimore, Give Street and Number.} 51 Wilkens St.

Duration of Residence in Baltimore. Life. C 14987

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry J. Kestner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Fredericka Wiekenberg

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Kestner Pr 7 E 7th

(Address) 338 W Pratt St

Filed 9/23 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 21 1907

I HEREBY CERTIFY, That I attended deceased from June 1 1907 to Sept 21 1907

that I last saw him alive on Sept 20 1907

and that death occurred, on the date stated above, at 8 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis.

Myatten Duration (DURATION) 112 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw H London M.D.

Address 1423 N Fayette St

Date Sept 24 1907

Place of Burial Loudon Park

Date Sept 24 1907

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ?

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 530. Katherine St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilli Modersohn

{ Residence, if in Baltimore, Give Street and Number. } 530. Katherine St.

C 4956

Duration of Residence in Baltimore. life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH September 29th 1906

AGE — years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Fred. W. Modersohn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Carl

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred W. Modersohn

(Address) 530 Katherine St

Filed 9/23 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September, 22d 1907

I HEREBY CERTIFY, That I attended deceased from September 21st 1907 to Sept 22d 1907 that I last saw her alive on Sept 22d 1907 and that death occurred, on the date stated above, at 1.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

suffered from Entero-colitis for about 4 weeks. Could not retain food and died of exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. Heinrich M.D.

Address 2151 Wilkens Ave

Date September, 22d 1907

Place of Burial Western Cemetery

Date Sept 24th 1907

Undertaker John F Cowan

Address 1901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

5 0 V

CERTIFICATE OF DEATH.

Registered No. B C 4989

City of Baltimore, (No. 715 St Paul St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Lee Rowland

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 22nd (Day) 1844 (Year)

AGE: 63 years, 3 months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dr James W Rowland

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann M Cormack

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Broker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hetty P. Stoneybraker

(Address) 715 St Paul Street

Filed 9/23 1907

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 21 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 21 1907 to Sept 21 1907

that I last saw h.. alive on Sept 21 1907,

and that death occurred, on the date stated above, at 10.30 P.M. The CAUSE OF DEATH was as follows:

Diabetes

3 years (DURATION) DAYS

Contributory Angina Pectoris

(DURATION) DAYS

(Signed) A. Cecil O'Donnell M. D.

1907 (Address) 1802 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Co

DATE OF BURIAL: Sept 24th 1907

UNDERTAKER: Stewart & Mowen Co

ADDRESS: 215 & 217 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 4990

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1408 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Reed

{ Residence, if in Baltimore, Give Street and Number. } 1408 Brunt St

C 4990

Duration of Residence in Baltimore.. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Color

DATE OF BIRTH Unknown

AGE 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Reed

(Address) 1408 Brunt St

Filed 9/23 1907

HARRY G. ANDREAS PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 23 1907 that I last saw h[illegible] alive on Sept 22 1907, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Interstitial Nephritis (DURATION) 23 DAYS

(Signed) John E Huck M.D.

Address 647 W Lombard

Date Sept 23 1907

Place of Burial ~~Church St~~ Loudon Park

Date Sept 24th 1907

Undertaker A. Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or other person superintending the burial, as far as the same **twenty-four hours after death**, to the Undertaker, or oth can be ascertained, the full name, sex, age, condition (wh

C 4991

CERTIFICATE OF DEATH.

(Place of Death.) No. 318 Eutaw Court St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary G. Kennard.

{Residence, if in Baltimore, Give Street and Number.} 318 Eutaw Court.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Kennard

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rosie Lancaster

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Lancaster

(Address) .....

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22nd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1907 to Sept 22nd 1907

that I last saw h.. alive on Sept 1907

and that death occurred, on the date stated above, at 11.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Catarrhal Bronchitis

& Asthma.

..... (DURATION) ..... DAYS

Contributory (Primary.) ✓

..... (DURATION) ..... DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Sept 23rd 1907

Place of Burial Laurel Cemetery

Date Sep 24 1907

Undertaker R. K. Elliott

Address 506 Druid Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 4932 Registered No. B .....

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1334 Druid Hill Ave St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Dyson Ford

{ Residence, if in Baltimore, Give Street and Number. } 1334 Druid Hill Ave

Duration of Residence in Baltimore. During Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Dont Know 1

AGE 61 years, — months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Benjamin Ford

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Harriett Ford

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Bush

(Address) 1107 Druid Ave

Filed 9/24 1907 HARRY O. ARNOLD PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Sept 22 1907

that I last saw her alive on Sept 21 1907,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

4 Weeks (DURATION) DAYS

Contributory (Primary.) Heart Failure 4 Weeks (DURATION) DAYS

(Signed) A. H. Flowers M.D.

Address 712 S. Stricker St

Date Sept. 23 1907

Place of Burial Laurel Cemetery

Date Sep - 24 1907

Undertaker J. A. Bush

Address 1107 Druid Ave

WM. J. C. DULANY CO. BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emma Warren

{ Residence, if in Baltimore, Give Street and Number. } 917 Hamilton Ave

C.1993

Duration of Residence in Baltimore life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Col
DATE OF BIRTH	Dont Know 1
AGE	40 years, ... months, ... days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or couutry)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. C. Burk

(Address) 1107 Division Ave

Filed 9/24 190.. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept 190.. to Sept 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of brain

Accd. struck by Electric Car (DURATION) — DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) R. S. Hagan, Coroner M.D.

Address 1216 E. Eutaw St

Date Sept. 23 190..

Place of Burial Not Given Cemetery

Date Sept - 24th 190..

Undertaker L. C. Burk

Address 1107 Division Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 4994 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 905 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie B. Hart.

{Residence, if in Baltimore, Give Street and Number.} 905 Linden Ave.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: August 1861

AGE: 46 years, one months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Essex Co Virginia

FULL NAME OF FATHER: Ryborn Bundy.

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Louisa Bundy

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Washington

(Address) 905 Linden Ave

Filed 9/24 1907 MARY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18th 1907 to Sept 22 1907 that I last saw her alive on Sept 22 1907, and that death occurred, on the date stated above, at 5:40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis (DURATION) 90 DAYS

Contributory (Primary.) Pneumonia Fibroid (DURATION) 30 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave.

Date Sept 23 1907

Place of Burial Mt Auburn Cemetery

Date Sept 25th 1907

Undertaker J. A. Bailey

Address 1107 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

17 V

CERTIFICATE OF DEATH.

Registered No. B C 4995

City of Baltimore, (No. 907 N. Fulton ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Un-named Infant of Thaddeus & Emma L. Sturgis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: 9 (Month) 23 (Day) 1907 (Year)	
AGE: — years, — months, 5 hrs ~~days~~	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): 907 N Fulton ave	
FULL NAME OF FATHER: Thaddeus Sturgis	
BIRTHPLACE OF FATHER (State or country): Ga	
MAIDEN NAME OF MOTHER: Emma Richardson	
BIRTHPLACE OF MOTHER (State or country): Md.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. A. Duvall

(Address) 1326 N Monroe St

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Sept 23 1907

that I last saw h— alive on Sept 23 1907;

and that death occurred, on the date stated above, at 8 30 A. M. The CAUSE OF DEATH was as follows:

Exhaustion from prolonged Delivery.

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) C. A. Duvall M. D.

1907 (Address) 1326 N. Monroe St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death — Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemt.	Sept 24 1907
UNDERTAKER: Strambo & Son	ADDRESS: 1723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 745 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isalla Frisby

{Residence, if in Baltimore, Give Street and Number.} 745 W Mulberry St

Duration of Residence in Baltimore. Life

C.11996

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fee

COLOR: Colored

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: William Frisby

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nancy Lee

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy Lee

(Address) 745 W Mulberry St

Filed 9/24 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Sept 22 1907

that I last saw her alive on Sept 21 1907

and that death occurred, on the date stated above, at 4.40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis Contributory

Bright's Disease Contributed

(DURATION) 23 DAYS

Con'tributory (Primary.) Heart

(DURATION) 23 DAYS

(Signed) Dr. G. W. Kennard M.D.

Address 708 Eutaw St

Date 190

Place of Burial Mt Auburn Cemetery

Date Sept 24 1907

Undertaker Wm H Lee

Address 607 Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible] 64 ✓

Ward 7 C 4997

CERTIFICATE OF DEATH.

(Place of Death.) No. 838. W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob. Nagel.

{Residence, if in Baltimore, Give Street and Number.} 838. W. Baltimore

Duration of Residence in Baltimore. 44 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Jan 3rd 1838

AGE 69 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Gerst.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Nagel.

(Address) 838 W. Baltimore

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23rd 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190, that I last saw h alive on [illegible] 190, and that death occurred, on the date stated above, at 2.15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Contributory (Primary.) Leuden (DURATION) DAYS

(DURATION) DAYS

(Signed) P. J. Martin M.D.

Address Coroner

Date Sept 23 1907

Place of Burial Baltimore Cemetery

Date Sept. 25th 1907

Undertaker Jos. & Chas. John W. Teufel

Address 501 W. Fayette St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

684

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Scott

{Residence, if in Baltimore, Give Street and Number.} 1 N. Vincent St

Duration of Residence in Baltimore. 30 Years C.4998

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Black
DATE OF BIRTH	1
AGE	50 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
BAY VIEW ASYLUM.

(Informant)

(Address) Lemar Holly

Filed 9/24 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 23. 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1907 to Sept. 23. 1907 that I last saw her alive on Sept 22, 1907, and that death occurred, on the date stated above, at 2 o'clock A. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Brain

(DURATION) 2 DAYS

Contributory (Primary.) Acute Mania

(DURATION) 14 DAYS

(Signed) N M Andrews M.D.

Address Bay View Asylum

Date September 23. 1907

Place of Burial Mt. Auburn Cemetery

Date Sept 25 1907

Undertaker Felix B. Pyle

Address 102 E Lanvale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

81V

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 S. Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Rheb

{ Residence, if in Baltimore, Give Street and Number. } 403 S. Payson

Duration of Residence in Baltimore. about 25 yrs

C.H999

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ | COLOR white

DATE OF BIRTH ~~Sept 23~~ June 8, 1832 ~~1907~~

AGE 75 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Fisher

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER don't know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Kagse.

(Address) 1021 - 10 St Washington D.C.

Filed 9/24 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from May 12 1907 to Sept 23 1907

that I last saw h a alive on Sept 22 1907,

and that death occurred, on the date stated above, at 7:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

2 hours (DURATION) DAYS

Contributory (Primary.) Senile arteria sclerosis about 5 mos (DURATION) DAYS

(Signed) H. E. Krusp M.D.

Address 1002 N. Lanvale

Date Sept 23/07 1907

Place of Burial Loudon Park

Date Sept 25 1907

Undertaker H. S. Frink

Address 2113 N. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

402

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Cath. A. Saley

{Residence, if in Baltimore, Give Street and Number.} 1924 Bank St

C.5000

Duration of Residence in Baltimore. 47 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 15 1/2 1842

AGE 64 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER Jacob Long

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Elizabeth Smith

BIRTHPLACE OF MOTHER (State or country) Pa.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Saley

(Address) 1924 Bank St.

Filed 9/24 1907

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 22 - 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 13 1907 to Sep 22 1907 that I last saw her alive on Sep. 21 1907, and that death occurred, on the date stated above, at 12.40 a. M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Carcinoma of liver

6 months (DURATION) — DAYS

(Signed) Eugene L. Pessagno M.D.

Address St Joseph's Hospital

Date Sep. 22 1907

Place of Burial Holy Redeemer Cem

Date Sept. 25 1907

Undertaker Germanus Thanner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B 5001 IV

CERTIFICATE OF DEATH.

(Place of Death.) No. 1101 Canton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Feehley

{ Residence, if in Baltimore, Give Street and Number. } 1101 Canton St.

Duration of Residence in Baltimore. Life

5001

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Febr 18th 1899

AGE: 8 years, 7 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Bernard Feehley

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Bessie Kenny

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Feehley

(Address) 1101 Canton St.

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 23rd 1907

I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ 2nd 1907 to Sept. 23rd 1907 that I last saw h er alive on Sept. 23 1907, and that death occurred, on the date stated above, at 12.15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever (DURATION) 21 DAYS

Contributory (Primary.)

Perforative Ulcer (DURATION) DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton Av.

Date Sept 24th 1907

Place of Burial St. Patricks Cemetery

Date Sept. 26 1907

Undertaker Germanus France

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1008 W. Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baltis H. Kennard Jr.

{Residence, if in Baltimore, Give Street and Number.} 1008 W. Mosher St.

Duration of Residence in Baltimore. Lifetime

5002

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jany 15th 1827
AGE	80 years, 8 months, 9 days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	William H. Kennard
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Louisa Spicer
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Le. Co. Kennard

(Address) 1008 W. Mosher

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	September 24th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13th 1907 to Sept 23rd 1907 that I last saw him alive on Sept 23 1907, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 11 DAYS

Contributory (Primary.) Old age

(DURATION) — DAYS

(Signed) John A. Y. M.D.

Address 701 N. Carrollton Ave

Date Sept 24th 1907

Place of Burial Loudon Park

Date Sept 26th 1907

Undertaker H. Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5003

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 710 W. Cross. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Frederick Lehneck

{Residence, if in Baltimore, Give Street and Number.} 710 W. Cross St

C 5003

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 6 1887

AGE 20 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas Lehneck

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary E Lentz

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Lehneck

(Address) 710 W Cross St

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22 1907

I HEREBY CERTIFY, That I attended deceased from June 6 1907 to Sept 22 1907

that I last saw h er alive on Sept 22 1907

and that death occurred, on the date stated above, at 4

11. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia.

(DURATION) DAYS

Con'tributory (Primary.) Chronic phthisis

about 8 mo. (DURATION) DAYS

(Signed) J. Frederick Leith M.D.

Address 1340 W. North Ave

Date Sept. 22-07 1907

Place of Burial Loudon Park

Date Sept 24 1907

Undertaker W. J. Pickerstons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 1 Registered No. D

CERTIFICATE OF DEATH.

1 V

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. James E. Kirwan

{Residence, if in Baltimore, Give Street and Number.} 1407 Edmondson Avenue

Duration of Residence in Baltimore. 6 years

C5004

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 22 1846

AGE 61 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER W. S. Kirwan

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Esther Allen

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.,

(Informant) Emory Kirwan

(Address) 633 N Calhoun St

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 22, 1907

I HEREBY CERTIFY, That I attended deceased from September 8 1907 to September 22 1907

that I last saw him alive on September 22, 1907,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia (right)

(DURATION) 2 DAYS

Contributory (Primary) Typhoid Fever

(DURATION) 28 DAYS

(Signed) F. W. Stachel M.D.

Address Franklin Square Hospital

Date September 22, 1907

Place of Burial London Park

Date Sept 25 1907

Undertaker H. J. Dickinson & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 3005 Registered No. [illegible]

93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1008 N. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Koenigsmark

{Residence, if in Baltimore, Give Street and Number.} 1008 N. Castle St.

Duration of Residence in Baltimore. Life

C. 5005

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Koenigsmark

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Annie Kamura

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Koenigsmark

(Address) 1008 N. Castle st

Filed 9/24 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1907 to Sept. 24 1907 that I last saw h[illegible] alive on Sept. 24 1907, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Cardiac dilatation (DURATION) 1/2 DAYS

(Signed) Emil Novak M.D.

Address 839 N. Patterson Pk Ave

Date Sept. 24, 1907

Place of Burial Oak Hill

Date Sept 25 1907

Undertaker Frank Enoch

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B...

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2336 Eager Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie Chaloupka

{Residence, if in Baltimore, Give Street and Number.} 2336 Eager Place

Duration of Residence in Baltimore. Life

L. 5006

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... 1...

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Chaloupka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Marie Lenhardt

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Nigrin

(Address) 2336 Eager Pl.

Filed 9/24 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 10 190... to Sept 23 190 7

that I last saw her alive on Sept 22 190 7,

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis pulmonalis.

(DURATION) 120 DAYS

Contributory (Primary.) —

(DURATION) ... DAYS

(Signed) Emil Novotny M.D.

Address 839 N. Paca St

Date Sept. 24 1907

Place of Burial Oak Hill

Date Sept. 26 1907

Undertaker Frank Brach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 5001 Register No. [illegible]

CERTIFICATE OF DEATH. 105 ✓

(Place of Death.) No. 807 S. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna J. Nicolaus

{Residence, if in Baltimore, Give Street and Number.} 807 S Montford Ave

Duration of Residence in Baltimore. Life C 5001

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 24th 1907

AGE: — years, 2 month's, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm Nicolaus

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Emma Nicolaus

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr W Nicolaus

(Address) 807 S. Montford Ave

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-23- 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1907 to Sept 23- 1907

that I last saw h— alive on " 22 1907

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Gastro - Enteritis -

2 wks - (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno A Bonner M.D.

Address 1713 Bank St

Date Sept 24 1907

Place of Burial Oak Lawn City

Date 25th Sept 1907

Undertaker Wm Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

C 5008

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

(Place of Death.) No. 1955 W. Franklin St.

Full Name Lavinia J. Rolfe

{Residence, if in Baltimore, Give Street and Number.} 1955 W Franklin St

Duration of Residence in Baltimore. 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: 1

AGE: 82 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Laura Middlemare

(Address) 1955 W. Franklin

Filed 9/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 23 1907

that I last saw her alive on Sept 22 1907,

and that death occurred, on the date stated above, at 1.7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) 3 DAYS

Contributory (Primary.) Carbuncle and Septicemia (DURATION) 14 DAYS

(Signed) Wm Marker M.D.

Address 852 W. North Ave

Date Sept 23 1907

Place of Burial Loudon Park

Date Sept 25 1907

Undertaker Wm Cook

Address 502 E North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 405 Pinkney Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Wolf

{ Residence, if in Baltimore, Give Street and Number. } 405 Pinkney Place

C. 5009

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 1907

AGE: ..... years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Lewis Wolf

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lottie Ford

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Wolf

(Address) 405 Pinkney Place

Filed 9/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23d 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1907 to Sept 23 1907

that I last saw h[er] alive on Sept 23 1907,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

2 months (DURATION) ..... DAYS

Contributory (Primary.) Cerebro Spinal Meningitis

(DURATION) 10 DAYS

(Signed) H. G. Beer M.D.

Address 214 E. Preston St.

Date Sept 24th 1907

Place of Burial Western

Date Sept 25 1907

Undertaker Wm Cook

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Marsch

{ Residence, if in Baltimore, Give Street and Number. } 206 Hanover St

Duration of Residence in Baltimore. 2 yrs

C 5010

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Charles W. Marsch

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Charlotta Parks.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Mariner.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cora Marsch (daughter)

(Address) 206 Hanover St

Filed 9/24 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 22 1907.

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h~~im~~ alive on ~~1907~~,

and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M. Eisenhardt M.D.

Address Coroner

Date September 22 1907

Place of Burial Mt. Lemon Somerset Co. Md

Date Sept 24 1907

Undertaker Wm. Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5011

City of Baltimore, (No. 914, McDonogh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Buchanan

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored.

DATE OF BIRTH: ——— (Month) 1 (Day) ——— (Year)

AGE: 68 years, ——— months, ——— days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 914 McDonough St.

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 21st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 19 1907 to Sept 21 1907 that I last saw h[er] alive on Sept 21 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Old age -

(DURATION) ——— DAYS

Contributory ———

Exhaustion (DURATION) ——— DAYS

(Signed) W. W. White M. D.

Sept 22 1907 (Address) 1101 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: Sept 24 1907

UNDERTAKER: R A Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 505 S. Bentalou St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Amelia Lentz

{Residence, if in Baltimore, Give Street and Number.} 505 S. Bentalou

Duration of Residence in Baltimore. Lifetime

5018

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	August 18th 1868
AGE	39 years, 1 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John N. A. Schmidt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Cleopha Engel
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Schmidt

(Address) 2221 McHenry St.

Filed 9/24 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 23rd 1907

I HEREBY CERTIFY, That I attended deceased from July 21st 1906 to September 23rd 1907 that I last saw her alive on September 15th 1907 and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 15 DAYS

Contributory (Primary.) Phthisis Pulmonalis

about 14 months (DURATION) — DAYS

(Signed) Edwd. Koehler M.D.

Address 714 Madison Ave

Date September 23rd 1907

Place of Burial Loudon Park Cemetery

Date Thurs Sept 26th 1907

Undertaker F. B. Fruchtnicht

Address #1 Frederick Ave Edta

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1194

(Place of Death.) No. 309 Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Lotz

{Residence, if in Baltimore, Give Street and Number.} 309 Bond st

Duration of Residence in Baltimore. Life

C 5013

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 19 1827

AGE 28 years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER Nicolas Lotz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Spatzel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C H Lotz

(Address) 1044 Bank St.

Filed 9/24 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Sept 23 1907

that I last saw h alive on Sept 22 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) 2 wks DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J Newburn M.D.

Address 16 E Broadway

Date Sept 23 1907

Place of Burial St. Pauls Country

Date Sept 25" 1907

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue.
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 4 C 5014 Registered No. B 1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 1605 Aliciana St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Victoria Plichta

{Residence, if in Baltimore, Give Street and Number.} 1605 Aliciana

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frank Plichta.

BIRTHPLACE OF FATHER (State or country): Russia Poland.

MAIDEN NAME OF MOTHER: Mary Wisniwski.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Plichta.

(Address) 1605 Aliciana St

Filed 9/24 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Sept 23 1907

that I last saw h alive on Sept 22 1907

and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate

Gastro Enteritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Blentner M.D.

Address 16 Broadway

Date Sept 23 1907

Place of Burial St Stanislaus,

Date Tuesday Sept 24 1907

Undertaker M. St. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

1207 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sindy Bunk

{ Residence, if in Baltimore, Give Street and Number. } 809 South Ann Street

C 5016

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. F. Sadowski

(Address) 703 S. Ann St

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Sept 24 1907 that I last saw him alive on Sept 24 1907, and that death occurred, on the date stated above, at 2.55 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemia - chronic nephritis.

(DURATION) DAYS

Contributory (Primary.) Emphysema

myocarditis (DURATION) DAYS

(Signed) P. W. Clough M.D.

Address Johns Hopkins Hospital

Date September 24" 1907

Place of Burial St. Thomas

Date Thursday Sep. 26" 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 21 C 5016 93 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1449 Towson St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Raftery

{ Residence, if in Baltimore, Give Street and Number. } 1449 Towson St

Duration of Residence in Baltimore. 40 years

C5-016

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1844
AGE	63 years, months, days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	Widowed
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Pat. Flanigan
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. Raftery

(Address) 1449 Towson St

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 22d 1907

I HEREBY CERTIFY, That I attended deceased from Sept 7 1907 to Sept 22 1907

that I last saw h[illegible] alive on Sept 21 1907

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar pneumonia (DURATION) 21 DAYS

Con'ributory (Primary.) Asthenia (DURATION) DAYS

(Signed) M Raby M.D.

Address 510 E. Lat Ave

Date Sept 22d 1907

Place of Burial Holy Cross Cemetery

Date Sept 25 1907

Undertaker Danl J Margt & Flynn

Address 45 S West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5017

Registered No. B.....

City of Baltimore, (No. 2401 Barclay St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel T. McDale

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 5th (Day) 1859 (Year)

AGE: 48 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John B. Dale

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Letica R. Crew

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos R. Dale

(Address) 2401 Barclay St.

Filed 9/24" 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1907 to Sept 23 1907 that I last saw h.. alive on Sept 23 1907, and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Typhoid, Pericarditis

(DURATION) 40 DAYS

Contributory Asthenia (DURATION) 3 DAYS

(Signed) J. Walter Thomas M. D.

Sept 24 1907 (Address) 1228 N. Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Brandywine Md.	Sept 26 1907
UNDERTAKER	ADDRESS
E. A. Underfield Jr	2113 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 11

CERTIFICATE OF DEATH.

177 V

(Place of Death.) No. W. M. R. R. Pier Port Covington ~~St~~

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Meyberger

{Residence, if in Baltimore, Give Street and Number.} 252 W. Biddle St

Duration of Residence in Baltimore. Life

0501 8

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	August 12 1890
AGE	17 years, 1 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Herman Meyberger
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Elenora Hensler
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minnie Meyberger

(Address) 252 W. Biddle St

Filed 9/24 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 22 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto M Leinhardt M.D.

Address Coroner

Date September 24 1907

Place of Burial Western Cemetery

Date Sept 25 1907

Undertaker Jos. Sourbeer Son

Address 217 S. Pacca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

CERTIFICATE OF DEATH.

47 ✓

(Place of Death.) No. 520 Union St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Charles Walton

{ Residence, if in Baltimore, Give Street and Number. } 520 Union St

Duration of Residence in Baltimore. 5 years. CD 019

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 21st 1896

AGE: 11 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Phillip Walton

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Stoltz

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip Walton

(Address) 520 Union St.

Filed 9/24 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1907 to Sept 23rd 1907

that I last saw him alive on Sept 23rd 1907.

and that death occurred, on the date stated above, at 10:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Dropsy & Asthenia

(DURATION) ✓ DAYS

Contributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Sept 23rd 1907

Place of Burial Holy Redeemer Cemetery

Date Sept 25-1907

Undertaker Henry Hoeck & Son

Address 1201 E Eager cor Ho

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5020 Registered No. B C 5050

104 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number).

Full Name Infant Johnson

{Residence, if in Baltimore, Give Street and Number.} 658 Biene St.

Duration of Residence in Baltimore. 10 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Sept 13 1907

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Lilly Johnson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lilly Johnson

(Address) 658 Biene St.

Filed 9/24 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 23 1907

that I last saw h[illegible] alive on Sept 23 1907

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Gastritis

(DURATION) 2 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Brune M.D.

Address Md. Gen. Hospital

Date Sept. 24 1907.

Place of Burial COLLEGE OF P. & S. FOR ANATOMICAL PURPOSES

Date SEP 24 1907 190

Undertaker Commissioner Health.

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

9/24

Ward 7

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. Bacon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown Unknown

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

C5021

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/24 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 = 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h— alive on ——— 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Drowning

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 3204 Gwynn St.

Date 190

COLLEGE OF P. & S.

Place of Burial FOR ANATOMICAL PURPOSES

Date SEP 24 1907 190

Commissioner Health

Undertaker .....

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

#219

Ward 17 C 5022 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 2222 Division St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Nora Beal

{Residence, if in Baltimore, Give Street and Number.} 2222 Division St

Duration of Residence in Baltimore. 6 yrs C 5022

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Nov. 6th 1901

AGE: 7 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Robert Beale

BIRTHPLACE OF FATHER (State or country): St. Marys Co.

MAIDEN NAME OF MOTHER: Rebecca Beale

BIRTHPLACE OF MOTHER (State or country): St Marys Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Beale

(Address) 2222 Division st.

Filed 9/25 1907 HARRY C. ... PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15 1907 to Sept 23 1907 that I last saw h er alive on Sept 23 1907 and that death occurred, on the date stated above, at 5h P. M. CAUSE OF DEATH (Secondary or Immediate)

Thouston

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 8 DAYS

(Signed) John E Hancock M.D.

Address 647 W Lafayette

Date Sept 24 1907

Place of Burial St Peters cemetery

Date Sept 25 1907

Undertaker Wm J Johnson

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5023

Registered No. B.....

City of Baltimore, (No. 661, W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia Karolus

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: February (Month) 20. (Day) 1907 (Year)

AGE: ..... years, 7 months, 3. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore —

FULL NAME OF FATHER: John. Karolus

BIRTHPLACE OF FATHER (State or country): Lithuania —

MAIDEN NAME OF MOTHER: Anna Batris.

BIRTHPLACE OF MOTHER (State or country): Lithuania —

OCCUPATION OF DECEASED: Wil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Karolus

(Address) 661 W. Saratoga St

Filed 9/25" 1907 HARRY C. ANDREWS Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 23 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Sept 23 1907 that I last saw h Cr alive on Sept 23 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Diarrhea.

Improper Feeding.

(DURATION) 6 DAYS

Contributory Convulsions.

(DURATION) 1 DAYS

(Signed) Alfred Whitehead M. D.

Sept 24 1907 (Address) 1215 Eutaw Place.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bonnie Brae | DATE OF BURIAL: Sept. 25 1907

UNDERTAKER: Jacob Frankowski | ADDRESS: 428 S Bond

CERTIFICATE OF DEATH.

(Place of Death.) No. 1121 East North Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew J. Hankey

{Residence, if in Baltimore, Give Street and Number.} 1121 East North Avenue.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 5th 1907

AGE 78 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER Joseph Hankey

BIRTHPLACE OF FATHER (State or country) Baltimore, Md.

MAIDEN NAME OF MOTHER Agnes Schneesnaps

BIRTHPLACE OF MOTHER (State or country) Baltimore County Md

OCCUPATION OF DECEASED Bookkeeper & Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene Hankey

(Address) 1131 E. North Ave

Filed 9/25 1907

HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24 1907

I HEREBY CERTIFY, That I attended deceased from June 7 1907 to Sept 23 1907 that I last saw h[illegible] alive on Sept 23 1907, and that death occurred, on the date stated above, at 8-20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

General Debility of mind and body

(DURATION) 70 DAYS

Contributory (Primary.) Senility —

(DURATION) DAYS

(Signed) D W Cathell M.D.

Address 1308 N Charles St

Date Sept 24 1907.

Place of Burial Balto Cem

Date Sept 26 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 36025 150 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 336 E. 21 St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Berlinicke, Jr.

{Residence, if in Baltimore, Give Street and Number.} 336 E 21st Street

C 36025

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 24 1907

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frank J. Berlinicke

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Estella Grunewald

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Berlinicke

(Address) 336 E 21st Street

Filed 9/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Frank Berlinicke Jr 1907, Sept 24th

I HEREBY CERTIFY, That I attended deceased from Sept 24, 1907 to Sept 24 1907, that I last saw him alive on Sept 24, 1907, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Heart (valvular) trouble only lived 10 hours after birth.

Lived (DURATION) 10 hrs DAYS,

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Hugh Forsythe M.D.

Address 4246 York Ave

Date Sept 24 1907.

Place of Burial Baltimore Cem

Date Sept 25 1907

Undertaker Woodcock

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

CERTIFICATE OF DEATH.

63
C 5026

(Place of Death.) No. 102 E. 22nd St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Virginia Duvall

{Residence, if in Baltimore, Give Street and Number.} 102 E. 22nd St.

Duration of Residence in Baltimore. 14 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: —

1

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Howard County Md

FULL NAME OF FATHER: Isaac P. Jones.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Cecilia Smith

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. Jones

(Address) 102 E. 22nd St.

Filed 9/25 " 1907

HARRY C. ARDINGER
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from August 1906 to Sept 23 1907 that I last saw h[er] alive on Sept 21 1907, and that death occurred, on the date stated above, at 11:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis agitans

3 Years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. D. Mitchell M.D.

Address 16 W Pratt St

Date Sept 24/07 1907

Place of Burial Frederick Md

Date Sept 26 1907

Undertaker Wenk Co

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 300 N. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dorothy May Granger

{Residence, if in Baltimore, Give Street and Number.} 300 N. Monroe

Duration of Residence in Baltimore. Life

C 5021

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 10 th 1907

AGE ..... years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER H. L. Granger

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Polaris Whiteley

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. L. Granger

(Address) 300 N. Monroe St

Filed 9/25 1907

HARRY C. ANDERSON Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1907 to ..... 190.....

that I last saw h..... alive on ..... 190.....;

and that death occurred, on the date stated above, at 2 P.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Suffocation.

Mother accidentally fell on her Child, while suffering at the (DURATION) 1 DAYS

Contributory (Primary) She Pregnant & the Child Consequent Upon Suffocation

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Sept 24 1907

Place of Burial London Park

Date Sept 25 th 1907

Undertaker C. H. McCormick

Address 1729 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 *Registered No.* 125 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 S. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Feely

{ Residence, if in Baltimore, Give Street and Number. } 126 S. Carey st.

C5028

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Feely

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Johanna Kennedy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Feely

(Address) 126 S Carey st

Filed 9/25 1907

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1907 to Sept 23rd 1907

that I last saw h[illegible] alive on Sept 22nd 1907,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Retention of urine

(DURATION) 30 DAYS

Contributory (Primary) Hypertrophy prostate (DURATION) ..... DAYS

(Signed) E. S. Knott M.D.

Address 1747 W. Lomford

Date Sept 24th 1907

Place of Burial ~~Sept 26~~ R Cathedral

Date Sept 26 1907

Undertaker John F. Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5029

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1040 W. Franklin St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Joseph J. Byrnes.

{Residence, if in Baltimore, Give Street and Number.} 1040 Franklin St

C5029

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male.
COLOR	White
DATE OF BIRTH	April 28 1870
AGE	37 years, 5 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Wm. T. Byrnes.
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Anna. H.
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund J. Byrnes.

(Address) 1040 W. Franklin

Filed 9/25 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 23 1907

I HEREBY CERTIFY, That I attended deceased from March 1 1907 to Sept. 23 1907

that I last saw him alive on Sept. 22 1907

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate

Chronic Endocarditis Acute

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. T. O'Mara M.D.

Address 1033 Edmondson Ave

Date Sept 24 1907

Place of Burial Bethesda Cemetery

Date Sept 26th 1907

Undertaker John J. Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 N Dallas St

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Daisy Cropper

{ Residence, if in Baltimore, Give Street and Number. } 15 N Dallas St

Duration of Residence in Baltimore. 3 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Moses Cropper

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Caroline Wise

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Cropper

(Address) 15 N Dallas st

Filed 9/25 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 4.30

I. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) [illegible] M.D.

Address ...

Date Sept 24 1907

Place of Burial Accomac Co Va

Date 26 Sept 1907

Undertaker John W Henderson

Address 31 N Caroline st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

CERTIFICATE OF DEATH.

64 V

(Place of Death.) No. 816 St. Peter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Francis Deaver

{Residence, if in Baltimore, Give Street and Number.} 816 St. Peter

Duration of Residence in Baltimore. Life

C 5031

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 8th 1842

AGE 64 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Stephen Deaver

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Christine Lauchard

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Brick Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary F. Deaver

(Address) 816 St. Peter St

Filed 9/25 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept-23 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 6.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Central Apoplexy

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Edward Young Coroner M.D.

Address

Date Sept-24th 1907

Place of Burial Mount Olivet

Date Sept 26th 1907

Undertaker E. Schluraus & Son

Address 189 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. 165

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5032

City of Baltimore, (No. 1103 N Eden St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hallie Hall,

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 ..... (Month) (Day) Year)

AGE about 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Deserted child

FULL NAME OF FATHER We do not know

BIRTHPLACE OF FATHER (State or country) any thing

MAIDEN NAME OF MOTHER about her

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E C Peterson

(Address) 1102 N Eden St

Filed 9/25 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 24 1907 that I last saw her alive on Sept 24 1907, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Cholera Infantum

(DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) J. W. Downes, M. D.

190 (Address) 1617 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
H. Peters Cem	Sept. 25 1907
UNDERTAKER	ADDRESS
Robt Brooks & Son	Calhoun & Hollins

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 14 C 5033 Registered No. B [illegible]
151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asy. St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Dorothy Smith

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	1
AGE	....years, 1 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf Asy

Filed 9/25 1907 HARRY C. [illegible]

WM. [illegible]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from

— 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilatation of Heart

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Mallon M.D.

Address

Date Sept 24 1907

Place of Burial New Cathedral

Date Sept 25 1907

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5034 Registered No. B C 5034

151V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Jones.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents

Duration of Residence in Baltimore. Life

C 5034

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy.

Filed 9/25 1907

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Con ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) P Maher M.D.

Address .....

Date Sept 24 1907

Place of Burial New Cathedral

Date Sept 25 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5035 Registered No. B [illegible] 1791

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alfred Robinson

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V Inf. Asy.

Filed 9/25 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Mucous Colitis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. Martin M.D.

Address

Date Sept 24 1907

Place of Burial New Cathedral

Date Sept-25- 1907

Undertaker Martin Valley & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 5036 Registered No. B ... 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2251 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles H Scherer

{Residence, if in Baltimore, Give Street and Number.} 2251 Wilkens Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1907

AGE: ... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt Md

FULL NAME OF FATHER: Wm. C. Scherer

BIRTHPLACE OF FATHER (State or country): Balt Md

MAIDEN NAME OF MOTHER: Emily Anderson

BIRTHPLACE OF MOTHER (State or country): Balt Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Scherer

(Address) 2251 Wilkins ave

Filed 9/25 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 24 1907

that I last saw h[illegible] alive on Sept 24 1907

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Enteritis

... (DURATION) ... DAYS

Con'ributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Walter A Cot M.D.

Address 34 S Fulton Ave

Date Sept 25 1907

Place of Burial New Cathedral ~~1907~~

Date Sept 26 1907

Undertaker H. S. Finch

Address 2113 E Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45V

C5037

C 5037

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1626. Canton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Rader

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Sept (Month) 8 (Day) 1890 (Year)

AGE: 17 years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Herman Rader

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Minna Leipold

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Store Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Herman Rader

(Address) 1626. Canton Ave.

Filed 9/25 1907 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 19 1907 to Sept 23 1907 that I last saw him alive on Sept 23 1907, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Sarcoma carcinoma on the calf of left leg

(DURATION) 5 DAYS

Contributory Exhaustion

(DURATION) 5 DAYS

(Signed) Frederick G. Hoener M. D.

Sept 24 1907 (Address) 112 S. Broadway.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Va. Ave Cemetery	Sept 26 1907
UNDERTAKER	ADDRESS
Louis Neuman Cemetary	32 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

CERTIFICATE OF DEATH.

4° V

(Place of Death.) No. 647 E Lexington St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Lang

{ Residence, if in Baltimore, Give Street and Number. } 647 E Lexington St

Duration of Residence in Baltimore. about 60 yrs

C5036.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 11 1839

AGE 68 years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Lang

(Address) 647 E Lexington St

Filed 9/25 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 23 1907

that I last saw h[illegible] alive on Sept 23 1907,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary.) Cancer of Stomach (DURATION) 10 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia Ave

Date Sept 24 1907

Place of Burial London Park

Date Sept 26 1907

Undertaker W. J. Dickenson

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward

C 5039

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 746 St Peter st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A Cooper

{Residence, if in Baltimore, Give Street and Number.} 746 St Peter st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 16 1836

AGE 71 years, ____ months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Stephen Wallett

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilson

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leo Cooper

(Address) 746 St Peter st

Filed 9/25 1907 MARY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23 1907

I HEREBY CERTIFY, That I attended deceased from July 2 1907 to Sept 23 1907

that I last saw h[illegible] alive on Sept 23 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute degeneration

(DURATION) DAYS

Contributory (Primary.) Apoplexy

(DURATION) 50 DAYS

(Signed) L. M. Lumpkin M.D.

Address 602 S Paca st

Date Sept 24 1907

Place of Burial Loudon Park

Date Sept 26 1907

Undertaker H. J. Tickner & Sons

Address Linden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That w[illegible] person shall die in the said city it shall be the duty of the Physician who attended during his or her last [illegible] the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Un[illegible] superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full na[illegible]** her married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5040 Registered No. D 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 2134 Druid Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Donohue

{ Residence, if in Baltimore, Give Street and Number. } 2134 Druid Hill ave

Duration of Residence in Baltimore. 20 years C. 5040

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Henry Ohle

BIRTHPLACE OF FATHER (State or couutry) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 9/25 1907 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24th 1907

I HEREBY CERTIFY, That I attended deceased from about 1st Sept 1907 to 24th Sept 1907 that I last saw h.. alive on 24th Sept 1907, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Coma

(Contributing.)

(DURATION) 4 DAYS

Contributory (Primary.) Bright's Disease of Kidneys over 30 (DURATION) DAYS

(Signed) Leo Reynolds M.D.

Address 809 N Charles

Date Sept 25th 1907

Place of Burial New Cathedral

Date Sept 27 1907

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5041

CERTIFICATE OF DEATH.

(Place of Death.) No. 31 w North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Corwman Potts

{Residence, if in Baltimore, Give Street and Number.} 31 W North ave

Duration of Residence in Baltimore. Life time

C 5041

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 12th 1871

AGE: 36 years, 5 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jessie M Pott

BIRTHPLACE OF FATHER (State or country): Indiana

MAIDEN NAME OF MOTHER: Alice Corwman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie H. Corwman

(Address) 1219 Madison Ave.

Filed 9/25 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 22 1907 to Sept. 24th 1907

that I last saw h er alive on Sept. 24th 1907,

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho - pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 14 DAYS

(Signed) Thomas B. Futcher M.D.

Address 3W. Franklin St

Date September 24th 1907

Place of Burial London Park Cy

Date Sept 26th 1907

Undertaker Stewart & Mowru Co

Address 215 Park ave

This patient was under the care of Dr. D. Atkinson and was seen for Dr. A. in his absence from the city. I presume the case has been reported. TBF

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 5042 Registered No. D 12°

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N. Lee, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma V. Andrews.

{Residence, if in Baltimore, Give Street and Number.} 533 N. Lee, St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~&~~ Female | COLOR White

DATE OF BIRTH June 26 1852

AGE 55 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thomas Turner

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. John Schwalbe

(Address) 533 N. Lee St.

Filed 9/25 1907 MARY C. ANDREWS, CITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 25, 1907

I HEREBY CERTIFY, That I attended deceased from Sep. 17, 1907 to Sep. 25, 1907 that I last saw h, es alive on Sep. 24, 1907, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver and Chronic Nephritis.

(DURATION) Doubtful

Contributory (Primary.) Doubtful

(DURATION) ~~Doubtful~~

(Signed) Albert T. Chambers, M.D.

Address 614 S. Paca St.

Date Sep. 25, 1907

Place of Burial Dulaney Cem

Date ~~Sept~~ 27 1907

Undertaker Geo. W. Sisk

Address 523 S. Fremont

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B C 5043

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 W Fayette St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Charles Bucker

{Residence, if in Baltimore, Give Street and Number.} 1313 W Fayette St

Duration of Residence in Baltimore. Since a boy

C 5043

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 12 1844

AGE: 63 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Bucker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Tobacco Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tessa Bucker Stoffels

(Address) 1313 W Fayette St

Filed 9/25 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 23rd 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Sept 23 1907 that I last saw him alive on Sept 22 1907 and that death occurred, on the date stated above, at 2.10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma. Uraemic Poisoning

(DURATION) 3 Weeks DAYS

Contributory (Primary.) Bright's Disease of Kidneys (DURATION) 10 Yrs DAYS

(Signed) Herbert Cotton M.D.

Address 914 N Charles St

Date Sept 25th 1907

Place of Burial Green Mount Cemetery

Date September 26th 1907

Undertaker E. Madison Mitchell

Address 1201 W. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5044

City of Baltimore, (No. 802, Bradley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Leroy Howard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Melrose Mass.

FULL NAME OF FATHER: George Howard

BIRTHPLACE OF FATHER (State or country): Mass.

MAIDEN NAME OF MOTHER: Mary A. Winder

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hattie Winston

(Address) 802 Bradley St.

Filed 9/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1st Sept 1907 to Sept 24th 1907 that I last saw him alive on Sept 24 1907, and that death occurred, on the date stated above, at 7.15 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) ..... DAYS

Contributory Cirrhosis of Liver

(DURATION) ..... DAYS

(Signed) Geo. F. Lautenbach M. D.

Sept. 25 1907 (Address) 635 Mooher Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Sept 26 1907

UNDERTAKER: Felix B. Pye

ADDRESS: 102 E. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B C 5045 1547

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 Courtney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha J. Swann

{ Residence, if in Baltimore, Give Street and Number. } 728 Courtney St

Duration of Residence in Baltimore. not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: John France

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Hankins

(Address) Yorkesville, Howard Co. Md

Filed 9/26 1907

[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 23 1907

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Sept 23 1907

that I last saw h[illegible] alive on [illegible] 190[illegible]

and that death occurred, on the date stated above, at 11 45 P. M.

CAUSE OF DEATH (Secondary or immediate) Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline St

Date Sept. 25 1907

Place of Burial Laurel

Date Sept 26 1907

Undertaker R. A. Elliott

Address 508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5046 Registered No. [illegible]

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Franklin St. near Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman Brown

{Residence, if in Baltimore, Give Street and Number.} 869 Raborg St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 29 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Richard Brown
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Emma Ashby
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Gross

(Address) 1211 Raborg St

Filed 9/26 1907

JOHN C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage, due Incident, on the Head

(DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis

one year (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lex. Av. (Corner)

Date Sept. 24th 1907

Place of Burial Laurel

Date Sept 27 1907

Undertaker R. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5047

City of Baltimore, (No. 413, W. Biddle St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.] (President Hospital)

FULL NAME Elizabeth Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: ... 1 ... (Month) (Day) Year)	
AGE: 42 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Young

(Address) 11 E. Saratoga St

Filed 9/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from April 30th 1906 to Sept 25 1907

that I last saw her alive on Sept 24 1907

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Chronic Enteritis

(DURATION) 60 DAYS

Contributory Uterine Fibroid about 10 yrs (DURATION) ~~DAYS~~

(Signed) W. Harris M. D.

Sept 25 1907 (Address) 1344 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1056 Argyle Ave — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Sept 27 1907
UNDERTAKER	ADDRESS
Jno N. Snodgrass	342 Woodall

WM. J. C. DULANY CO., BALTIMORE.

Ward 12

Registered No. B C 5048

C 5048

106 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 N. Williamson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Schorlette Brown

{Residence, if in Baltimore, Give Street and Number.} 13 N Williamson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: John Bunton

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Mary Bunton

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bunton

(Address) 13 N Williamson

Filed 9/26 1907

... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Sept 24 1907

that I last saw her alive on Sept 23 1907

and that death occurred, on the date stated above, at 8 Oo A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

... (DURATION) ... DAYS

Con'tributory (Primary.)

... (DURATION) ... DAYS

(Signed) J. Edward Smith M.D.

Address 578 Monroe St.

Date Sept. 24 1907

Place of Burial Mt Auburn

Date Sept. 27 1907

Undertaker Jno H. Toadvine

Address 142 Westfield St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. B C 5049

City of Baltimore, (No. 331, E 21 St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Toland Walter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 19 (Day) 1854 (Year)

AGE: 52 years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cincinnati O.

FULL NAME OF FATHER: Charles J. Walter

BIRTHPLACE OF FATHER (State or country): Cincinnati O

MAIDEN NAME OF MOTHER: Laura J Walsh

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Photographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura J. Walsh daughter

(Address) 591 Kearny Ave, New Jersey

Filed 9/26 1907 HARRY C. ADAMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 31 1907 to Sept 24 1907 that I last saw h-- alive on Sept 24 1907, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

One year (DURATION) — DAYS

Contributory

(DURATION) DAYS

(Signed) Francis D. McCarran M. D.

Sept 24 1907 (Address) 416 E. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Entry

DATE OF BURIAL: Sept 27 1907

UNDERTAKER: C H Uzodefeld Jr

ADDRESS: 2113 Freemont ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27

Registered No. D

1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 1433 Decatur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leo G. Kemp

{Residence, if in Baltimore, Give Street and Number.} 1433 Decatur

Duration of Residence in Baltimore. Lifetime

C. 5050

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Dec 24 1906.

AGE ~ years, 9 months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Kemp.

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Teresa Canoy.

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kemp

(Address) Father

Filed 9/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10" 1907 to Sept 24 1907 that I last saw h.. alive on Sept 23 1907 and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Ileo Colitis

(DURATION) 5 DAYS

(Signed) A Lee Boyle M.D.

Address 1228 Eutaw Place

Date Sept 26 1907

Place of Burial Bonnie Brae Cem Cremated

Date Sept 26. 1907.

Undertaker Daniels and McGuigan

Address 42 S. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 5051 Registered No. B 1797

CERTIFICATE OF DEATH.

(Place of Death.) No. 1831 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mina Lambeth

{ Residence, if in Baltimore, Give Street and Number. } 1831 Covington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 6 1906

AGE ——— years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William Lambeth

BIRTHPLACE OF FATHER (State or country) Calvert Co Md.

MAIDEN NAME OF MOTHER Lucy Jones

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lucy Lambeth Smith

(Address) 1831 Covington St.

Filed 9/26 1907 HARRY C. ARGUS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 24 1907

I HEREBY CERTIFY, That I attended deceased from July 1 1907 to Sept 24 1907 that I last saw her alive on Sept 24 1907, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 3 mos. DAYS.

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Thos Fenton Lamb M.D.

Address 1017 S Charles St

Date September 26 1907

Place of Burial Waterbury A.A. Co Md

Date Sept 26. to. 1907.

Undertaker Daniel and M. J. Flynn

Address 42 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5052 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Barclay

{ Residence, if in Baltimore, Give Street and Number. } 222 N. Vincent St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William H. Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lucy Barclay

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 222 Vincent St

Filed 9/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1907 to Sept. 24 1907 that I last saw h[illegible] alive on Sept. 22, 1907, and that death occurred, on the date stated above, at 7.45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.) Exposure

(DURATION) DAYS

(Signed) C. A. Dickey, M.D.

Dispensary Physician Franklin Square Hospital

Address

Date Sept. 24, '07. 1907

Place of Burial Mt Auburn

Date Sept 27 1907

Undertaker Alfred J. Freeland

Address 114 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 5053 Registered No. B [illegible] 1207

CERTIFICATE OF DEATH.

(Place of Death.) No. 815 Vine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie E. Flatman

{Residence, if in Baltimore, Give Street and Number.} 815 Vine St

Duration of Residence in Baltimore. Lifetime – 27yrs 8mos 10 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 14 1879

AGE 27 years, 8 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Wm H. Towson

BIRTHPLACE OF FATHER (State or country) Baltimore City.

MAIDEN NAME OF MOTHER Martha J. Green

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) x Sadie V Huttenberger

(Address) x 932 Boyd St

Filed 9/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1907

I HEREBY CERTIFY, That I attended deceased from June 1st 1904 to Sept 24 1907 that I last saw her alive on Sept 24th 1907, and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia, Exhaustion.
following an attack of Apoplexy.
Complicated with Brights disease
Asthenia, Exhaustion (DURATION) 30 DAYS
Con'ributory (Primary.) Apoplexy & Brights disease (DURATION) 3 ~~DAYS~~ years.

(Signed) E. A. Muntz M.D.

Address 1801 Guilford Ave.

Date Sept 25 1907.

Place of Burial Westlawn

Date Sept 27th 1907

Undertaker John J. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 12 Registered No. B C 5054 10?

CERTIFICATE OF DEATH.

(Place of Death.) No. 1905 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine King

{ Residence, if in Baltimore, Give Street and Number. } 1905 E. Pratt St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER David King

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Jennie Goldschalk

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David King

(Address) 1905 E. Pratt st.

Filed 9/26/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 17 1907 to Sept 26 1907 that I last saw her alive on Sept 25 1907, and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 10 DAYS

Contributory (Primary.)

Meningitis (DURATION) 3 DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough st

Date Sept. 26, 1907

Place of Burial Holy Redeemer

Date Sept. 27th 1907

Undertaker Trudell & Lefebel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5055

City of Baltimore, (No. 818, Fillow St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Powers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 2nd (Day) 1907 (Year)

AGE: ..... years, ... months, 23 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: William Powers

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Anna L. Ryan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Powers

(Address) 818 Fillow St.

Filed 9/26 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Sept 25 1907

that I last saw him alive on " " 1907

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pneumonia in last stages of Tuberculosis

As Thenia (DURATION) 2 DAYS

Contributory Tuberculosis (DURATION) 21 DAYS

(Signed) Mary F. Varleton M. D.

Sept 26 1907 (Address) 102 S Valley St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Sept. 26 1907

UNDERTAKER: Henry Steffelbine — ADDRESS: 201 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1547

CERTIFICATE OF DEATH.

(Place of Death.) No. 2322 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs. Lena Brunner

{Residence, if in Baltimore, Give Street and Number.} 2322 E. Fayette St.

C 5056

Duration of Residence in Baltimore. Fifty yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 16th 1826

AGE: 81 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Buelberger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha H. Foster

(Address) 2322 E. Fayette st

Filed 9/26 190 7

HARRY C. ADDR... Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 25 1907 that I last saw h-r alive on Sept 7 1907, and that death occurred, on the date stated above, at 8:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility of
age causing
Exhaustion

(DURATION) 28 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rinck M.D.

Address 2000 E. Balt.

Date Sept 26 1907

Place of Burial Mt Carmel

Date Sept 28 1907 190

Undertaker J. Wesley Jackson & Son

Address 745 N. Gay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B C 5057 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 W Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Sophia Baby Booker

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 1/2 d.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk.

DATE OF BIRTH September 24 1907

AGE — years, — months, 3 hrs days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Booker, Grant.

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Stevens, Sophie

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Sept 25 1907 that I last saw him alive on Sept 25 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth ?

(DURATION) 3 hrs ~~DAYS~~

Contributory (Primary.) Premature birth

(DURATION) DAYS

(Signed) F. C. Goldsmith M.D.

Address Johns Hopkins Hospital

Date September 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Date SEP 25 1907 190

Undertaker Commissioner Health,

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

280

Ward 19 C 5058 Registered No. B C 5058

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1819 Mc. Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John R. Tyler

{Residence, if in Baltimore, Give Street and Number.} 1819 Mc. Henry st.

Duration of Residence in Baltimore. Life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 26th 1849

AGE: 58 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Solomon Tyler

BIRTHPLACE OF FATHER (State or country): Dorchester County

MAIDEN NAME OF MOTHER: Hannah Bramble

BIRTHPLACE OF MOTHER (State or country): Dorchester County

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary W. Tyler

(Address) 1819 Mc Henry st.

Filed 9/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 24th 1907

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1906 to Sept 24th 1907 that I last saw h, wife alive on Sept 23rd 1907, and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) E. A. Knott. M.D.

Address 1727 W Lombard St.

Date Sept 25th 1907.

Place of Burial Loudon Park Cem.

Date Sep. 26 1907

Undertaker Ph. J. Dillon

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 5059 Registered No. B 141

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 S. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Ziolkowski

{ Residence, if in Baltimore, Give Street and Number. } 411 S. Bond St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Stephan Ziolkowski

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anastasia Palma

BIRTHPLACE OF MOTHER (State or country): Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephan Ziolkowski

(Address) 411 S. Bond St

Filed 9/26/07 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Sept 25 1907

that I last saw h alive on Sept 25 1907

and that death occurred, on the date stated above, at p

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dysentery

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Bond

Date Sept 25 1907

Place of Burial Holy Rosary

Date Sept. 26 1907

Undertaker Jacob Trautwein

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105

CERTIFICATE OF DEATH.

Registered No. B C 5060

City of Baltimore, (No. 608 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Stanley Ebbs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July (Month) 22 (Day) 1907 (Year)

AGE: ——— years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Timothy E Ebbs

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Annie Heintzman

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Heintzman

(Address) 608 N Dallas St

Filed 9/26 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 25 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 13th 1907 to Sept 19 1907

that I last saw him alive on Sept 19 1907,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Diarrhoea

(DURATION) 13 DAYS

Contributory ———

(DURATION) ——— DAYS

(Signed) D. T. E. Ebbs M. D.

Sept 26 1907 (Address) 1365 N Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 27 1907

UNDERTAKER: Chas G Bailey — ADDRESS: 142 Jefferson St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 2 V

Registered No. B C 5061 1717 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1920 Canton av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Thema

{ Residence, if in Baltimore, Give Street and Number. } Baltimore

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 16 1906

AGE: 1 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jos A Thema

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Helen Thuder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Olewinski

(Address) 1247 Hare st

Filed 9/26 1907

EMMA C. ARCHER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 19 1907 to Sept 24 1907 that I last saw h alive on Sept 24 1907, and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 40 DAYS

Contributory (Primary.) Indigestion (DURATION) 7 DAYS

(Signed) S. J. Szumalski M.D.

Address 722 S. Ann st

Date Sept 26 1907

Place of Burial St Stanislaus

Date Sept 27 1907

Undertaker Jos Zborowski

Address 1742 Eastern ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5062

City of Baltimore, (No. 617 N Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Stern

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec (Month) 13 (Day) 184x (Year)

AGE 62 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Marcus Stern

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Weil

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leopold Stern

(Address) 2602 McCulloh St

Filed 9/26 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 24 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 24 1907

that I last saw h[illegible] alive on Sept 24 1907,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Heart disease
and chronic Nephritis

Duration Yrs

Contributory Asthma

(DURATION) 1 DAYS

(Signed) Scott Bramhall M. D.

Sept 26 1907 (Address) 720 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 7 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Balto Hebrew Cem | DATE OF BURIAL Sept 27 1907

UNDERTAKER J Abrams | ADDRESS 709 Aisquith

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward IX C 5063 Registered No. B 1052

CERTIFICATE OF DEATH.

(Place of Death.) No. 652 N Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carmine White

{Residence, if in Baltimore, Give Street and Number.} 652 West Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 25th 1907

AGE 0 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Moffat

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Marie White

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie White

(Address) 652 Lombard St

Filed 9/26 1907

HARRY C. ARDEN, CLERK. CIRCUIT COURT

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 25th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Sept 25th 1907 that I last saw her alive on Sept 25th 1907 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.) Entero. colitis

two weeks. (DURATION) DAYS

(Signed) Arthur M. Manning M.D.

Address Univ. Hospital

Date Sept 26 07 1907

Place of Burial Cedar Hill Cemetery

Date Sept 26 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 Registered No. B 172 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Fort Avenue Rock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Guttmann

{Residence, if in Baltimore, Give Street and Number.} 730 E. Pratt St C 5004

Duration of Residence in Baltimore. 26 70.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) ~ ~ ~ 1

MAIDEN NAME OF MOTHER ~ ~ ~ ~

BIRTHPLACE OF MOTHER (State or country) ~ ~ ~

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Delp

(Address) 730 E. Pratt St

Filed 9/26 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 24 1907

I HEREBY CERTIFY, That I attended deceased from Coroners Case 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 8.32 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.) ~

(DURATION) DAYS

(Signed) Benj. D Hampson M.D.

Address 1316 E. Caroline

Date Sept. 26 1907

Place of Burial Trinity Cem.

Date Sept 27th 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1350 Carroll St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number).

Full Name Bridencies Brown

{ Residence, if in Baltimore, Give Street and Number. } 1350 Carroll St

Duration of Residence in Baltimore. Life

C 5069

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	Black
DATE OF BIRTH	1
AGE	..... years, 1 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	.. ..
MAIDEN NAME OF MOTHER	.. ..
BIRTHPLACE OF MOTHER (State or country)	.. ..
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw C. J Loveday

(Address) 1350 Carroll

Filed 9/26 1907

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .. to ..... 190 .. that I last saw h.. alive on ..... 190 .. and that death occurred, on the date stated above, at 6.20 a m. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

7 mo.

(DURATION) DAYS

Con'ributory (Primary) Congenital Debility

(DURATION) DAYS

(Signed) E Jno J Jones M.D.

Coroners

Address

Date Sept. 26 1907

Place of Burial Laurel Cem

Date Sept 26th 1907

Undertaker Saml E. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

D

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

105 V

CERTIFICATE OF DEATH.

C 5066

Registered No. B.....

City of Baltimore, (No. 1625 E. Pratt St St.; 3d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Berkowitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Bennie Berkowitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rora Irinof

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Berkowitz

(Address) 1625 E Pratt St

Filed 9/26" 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 26th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 12th 1907 to Sept. 26th 1907 that I last saw h.r alive on Sept. 24th 1907, and that death occurred, on the date stated above, at 11.30 P. M. The CAUSE OF DEATH was as follows:

Gastro-Enteritis

3 mos (DURATION) DAYS

Contributory Bronchitis

2 weeks (DURATION) DAYS

(Signed) A. F. Rus M. D.

Sept. 26th 1907 (Address) 213 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Rosedale Cemetery — DATE OF BURIAL: Sept. 27 1907

UNDERTAKER: Map Levinson — ADDRESS: 1620 E. Eldon St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5067 Registered No. B .....

CERTIFICATE OF DEATH.

1548

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Bowers.

{ Residence, if in Baltimore, Give Street and Number. } Big View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/26 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25 1907

I HEREBY CERTIFY, That I attended deceased from 6/11/07 1907 to 9-25 1907 that I last saw h.. alive on Sept 25 1907, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

..... (DURATION) 1 DAYS

Con'tributory (Primary.) Senility

..... (DURATION) ..... DAYS

(Signed) Robt P. Bay M.D.

Address Bay View

Date Sept. 25 1907

Place of Burial St Marys Govans

Date Sept. 28 1907

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

CERTIFICATE OF DEATH.

1197

(Place of Death.) No. 1133 Pinckney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E. Lankford

{Residence, if in Baltimore, Give Street and Number.} 1133 Pinckney st.

Duration of Residence in Baltimore. 50 years.

C. 5068

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1844

AGE: 63 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Dorchester Co Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. M. Johnston

(Address) 3909 Pk heights av

Filed 9/26 1907

HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1907

I HEREBY CERTIFY, That I attended deceased from September 25 1907 to September 25 1907

that I last saw h[illegible] alive on September 25 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Brights

Uraemia

(DURATION) 1 DAY

Contributory (Primary.) Uraemic Convulsions

(DURATION) 1 DAY

(Signed) Jos. E. Muse M.D.

Address 855 Columbia av.

Date September 26 1907

Place of Burial Western Cem

Date Sept 27 1907

Undertaker Wm Cook & Son

Address 1026 E Fairmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5069

City of Baltimore, (No. 1032, E. Fort av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Meyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 17 (Month) (Day) 1907 (Year)

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Otto Meyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Ullmann

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto. C. Meyer

(Address) 1032 E. Fort ave

Filed 9/27/07 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 27 1907

that I last saw her alive on Sept 26 1907,

and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. H. Grabhorn M.D.

Sept 27 1907 (Address) 1313 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: Sept 27th 1907

UNDERTAKER: Jos. Stuntebeck | ADDRESS: 1318 Light St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 5070 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 1703 E Chase st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa N Paul

{Residence, if in Baltimore, Give Street and Number.} 1703 E Chase st

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 30th 1832

AGE: 74 years, 10 months, 26 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widow

BIRTHPLACE (State or country): Queen Anne Co Md.

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): dont Know

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C C Paul

(Address) 1703 E Chase st

Filed 9/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25th 1907

I HEREBY CERTIFY, That I attended deceased from September 6 1907 to Sep 25 1907 that I last saw her alive on Sep 20 1907, and that death occurred, on the date stated above, at 1215 P. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary) Cardiac Dilatation

(DURATION) DAYS

Mitral Obstruction

(Signed) Walter N White M.D.

Address 1107 N. Kirby

Date Sep 26 1907

Place of Burial London Park Cemetery

Date September 28th 1907

Undertaker George Schulling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 Ward C 5071 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2016 Ashland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mellie B. Cole

{Residence, if in Baltimore, Give Street and Number.} 2016 Ashland ave

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 28 1884

AGE: 23 years, 4 months, 28 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm G Cole

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Wilhelmina Bramble

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Cole

(Address) 2016 Ashland ave

Filed 9/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1907

I HEREBY CERTIFY, That I attended deceased from 9/11 1907 to 9/25 1907 that I last saw h-- alive on 9/25 1907, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid fever

(DURATION) DAYS

Contributory (Primary.) Coma & Exhaustion

(DURATION) DAYS

(Signed) Alfred Gage M.D.

Address 727 N Broadway

Date 9/26/07 1907

Place of Burial Baltimore Cemetery

Date Sept 28 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 5072 Registered No. B C 5072

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 809 Madison Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Herndon

{Residence, if in Baltimore, Give Street and Number.} 809 Madison Alley

Duration of Residence in Baltimore. 3¼ months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: June 18 1907

AGE: years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Phila, Pa

FULL NAME OF FATHER: Wm Herndon

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Mary Bright

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. C. Teal M.D.

(Address) 1335 N. Caroline St

Filed 9/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 25 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to ~~Sept 25~~ 1907 that I last saw ~~him~~ alive on Sept 22 1907 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

(Exhaustion
Debility)

(DURATION) 30 DAYS

Con'tributory (Primary.) Malnutrition

(DURATION) DAYS

(Signed) W. J. C. Teal M.D.

Address 1335 N. Caroline

Date Sept 26 1907

Place of Burial Laurel

Date Sept 27 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward P C 5073 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 Peach al ~~Arabella Chase~~ St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arabella Chase

{Residence, if in Baltimore, Give Street and Number.} 912 Peach al

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rella Wallace

(Address) 832 S. Eutaw

Filed 9/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Sept 26 1907 that I last saw h[er] alive on Sept 26 1907, and that death occurred, on the date stated above, at 10 45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary.) Interstitial nephritis autnorm.

(DURATION) ..... DAYS

(Signed) H. S. McCard M.D.
per Edw J Fitzgerald

Address 1115 Druid Hill Ave

Date Sept 27 1907

Place of Burial Mt Auburn

Date Sept 29 1907

Undertaker Jos H. Bowden

Address 1412 W North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 5074 Registered No. B C 5074

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Silas M. Crabill

{Residence, if in Baltimore, Give Street and Number.} 1204 Mosher St

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	July 26 1845
AGE	62 years, 1 months, 30 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Shenandoah Co, Va.
FULL NAME OF FATHER	Harrison Crabill
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Jane Fromchaney
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs L E Crabill

(Address) 1204 Mosher St

Filed 9/27 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Sept 25 1907

that I last saw him alive on Sept 25 1907

and that death occurred, on the date stated above, at 5:20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 28 DAYS (?)

(Signed) R W. Crawford M.D.

Address University Hospital

Date Sept 25 1907

Place of Burial Hagerstown Md

Date Sept 28/07

Undertaker W. J. Davis & Sons

Address Cathedral & Mulb.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5075 Registered No. B C 5075

1057

CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agusta Norris

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore 5 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ~~years~~, 6 months, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Sherman Norris

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Margaret Johnson

BIRTHPLACE OF MOTHER (State or country): Balt City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt Norris

(Address) 1421 Pennsylvania ave

Filed 9/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Sept 26 1907 that I last saw her alive on Sept 25 1907, and that death occurred, on the date stated above, at 9 ~~3~~ M. CAUSE OF DEATH (Secondary or Immediate)

D Houston

(DURATION) 3 DAYS

Contributory (Primary.) Cholera

D Houston (DURATION) 10 DAYS

(Signed) John E Huck M.D.

Address 6 & 7 W Lexington

Date Sept 26 1907

Place of Burial Mount Auburn

Date Sept 27 1907

Undertaker J H Stevenson

Address 1122 Division st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27V

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5076

City of Baltimore, (No. 2052 Linden ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anne Maria White MacCarthy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Dec (Month) 24 (Day) 1831 (Year)

AGE: 75 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: J. Whitridge White

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Anne M. Loudenslager

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard MacCarthy

(Address) 1107 Bloomingdale Road

Filed 9/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 26 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1906 to Sept 26 1907

that I last saw her alive on Sept 26 1907,

and that death occurred, on the date stated above, at 4.45 P. M. The CAUSE OF DEATH was as follows:

Chr Bronchitis, Fibroid Phthisis

over three years (DURATION) DAYS

Contributory old age (DURATION) DAYS

(Signed) T. A. Ashby M. D.

Sept 27 1907 (Address) 1125 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Sept 27 1907

UNDERTAKER: Stewart & Mowen Co

ADDRESS: 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 6 C 5077 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1623 E. Federal St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anna E. McKnight

{Residence, if in Baltimore, Give Street and Number.} 1623 E. Federal St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 18 1834

AGE: 73 years, 8 months, 7 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William McCauley

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Henrietta Sweeny

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr L F Poeretti

(Address) 1623 Federal st

Filed 9/27/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25th 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 14th 1907 to Sept. 25th 1907.

that I last saw h-- alive on ---- 1907,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Paraplegia,

(DURATION) DAYS

Contributory (Primary.) Cerebral

(DURATION) 11 DAYS

(Signed) Eldridge C. Price M.D.

Address 1012 Madison Ave.

Date Sept. 26th 1907

Place of Burial London Park Cemetery

Date Sept 28 1907

Undertaker Wilbur W Shriver

Address 916 Fremont ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 V

C 5078

Registered No. B C 5078

1907

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 W. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Spence

{Residence, if in Baltimore, Give Street and Number.} 14 W. York St.

Duration of Residence in Baltimore. all her life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 6 IX 1907

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Baby

BIRTHPLACE (State or country): Baltimore, Maryland

FULL NAME OF FATHER: Thomas Hardman

BIRTHPLACE OF FATHER (State or country): Calvert Co. Maryland

MAIDEN NAME OF MOTHER: Nettie Marshall Spence

BIRTHPLACE OF MOTHER (State or country): Baltimore Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Spence

(Address) 14 york ste

Filed 9/27 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 26 IX 1907

I HEREBY CERTIFY, That I attended deceased from 25 IX 1907 to 26 IX 1907 that I last saw h. a. alive on 25 IX 1907, and that death occurred, on the date stated above, at ..... A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henrietta M. Thomas M.D.

Address 115 W Bam St

Date 26 IX 1907

Place of Burial Laurel Cemetery

Date Sept 28 1907

Undertaker D. L. Brown and Son

Address 108 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5079 Registered No. B 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 S. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Caulk

{Residence, if in Baltimore, Give Street and Number.} 1043 S Howard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. md.

FULL NAME OF FATHER Joshua T. Caulk

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Kate Howard

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua T. Caulk

(Address) 1043 S Howard St.

Filed 9/27/07 190

HARRY C. ANDREWS PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Sept 24 1907

that I last saw h[illegible] alive on Sept 24 1907

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) 2 DAYS

Contributory (Primary.)

Typhoid Fever (DURATION) 22 DAYS

(Signed) H S McCaul M.D.

Address 2005 Druid Hill Ave.

Date Sept 24 1907

Place of Burial Mt. Auburn Cem.

Date Sept. 27 1907

Undertaker John F. Broadus

Address 942 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 5080 Registered No. B ..... C 5080

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 919 S. Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Lynch

{ Residence, if in Baltimore, Give Street and Number. } 919 S. Potomac St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 17th 1907

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Joseph E. Lynch

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Annie W. Rheim

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E. Lynch

(Address) 919 Potomac St.

Filed 9/27" 1907 HARRY C. AMEND Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 17 1907 to Sept. 26 1907

that I last saw h.r alive on Sept. 23 1907,

and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility (DURATION) — DAYS

Contributory (Primary.)

asthenia (DURATION) 1 DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton Pl.

Date Sept. 26 1907

Place of Burial New Cathedral Cem.

Date Sept 27th 1907

Undertaker Germania Trance

Address Baude & Wolpe sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5081

City of Baltimore, (No. Balto City Jail St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Patrick Kennedy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) ..... JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Filed 9/27 190 7 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 22nd (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h ..... alive on ..... 190 ....,

and that death occurred, on the date stated above, at ....M. The CAUSE OF DEATH was as follows:

Double Pneumonia

Delirium Tremens

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Benj. D. Thompson M. D.

Sept 22 1907 (Address) 1216 N. Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 3 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: .....

DATE OF BURIAL: SEP 26 1907

UNDERTAKER: Commissioner Booth, Health Dept

ADDRESS:

held a few days

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 C 5083 Registered No. [illegible]

17 6 V

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Smith (?)

{ Residence, if in Baltimore, Give Street and Number. } Not Known

Duration of Residence in Baltimore. Not Known

C. 5082

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 36 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not Known

BIRTHPLACE (State or country): — —

FULL NAME OF FATHER: — — — —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. S. Haydon

(Address) 1216 N. Caroline St.

Filed 9/27 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 14, 1907

I HEREBY CERTIFY, That I attended deceased from [illegible] 190— to [illegible] 190—

that I last saw him alive on —— 190—

and that death occurred, on the date stated above, at 2.30 P. M.

I. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(Caused by fall, the result of a blow by some unknown person a.p.s.)

(DURATION) 24 hrs HRS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 7 DAYS

(Signed) Benj. S. Haydon M.D. Coroner

Address 1216 N. Caroline St.

Date Sept. 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Date SEP 26 1907 190—

Undertaker Commissioner Health.

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

A 231

Ward ..... Registered No. B C 5083

C 5083

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Fredk. P. Nelson

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 43 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing	
BIRTHPLACE (State or country): N. Y	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Fireman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 9/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1907

I HEREBY CERTIFY, That I attended deceased from May 10th 1906 to Sept 25 1907 that I last saw him alive on Sept 25 1907, and that death occurred, on the date stated above, at 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept 25 1907

FOR ANATOMICAL PURPOSES
JOHNS HOPKINS HOSPITAL

Place of Burial

Date SEP 26 1907 190

Undertaker Wm H Woodem

Address 1810 Aisken st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

#221

Ward 14 C 5084 Registered No. B C 5084

CERTIFICATE OF DEATH.

(Place of Death.) No. 1931 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha Queen

{Residence, if in Baltimore, Give Street and Number.} 1931 Brunt St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH —— 1

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Benjamin Taylor

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Queen

(Address) 1931 Brunt St

Filed 9/27/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 29 1907 to Sept 25 1907 that I last saw h[er] alive on Sept 14 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 150 DAYS

(Signed) Wm Kerr M.D.

Address 852 W. Northern

Date Sept 26 1907

Place of Burial Mt Auburn

Date Sept 29th 1907

Undertaker R A Elliott

Address 506 Regent Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5085 Registered No. B 41 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 807 George St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Susan Williams

{Residence, if in Baltimore, Give Street and Number.} 807 George St — & Lift

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH — 1845

AGE 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER William Gaines

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Williams

(Address) 807 George St —

Filed 9/27/07 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Sept. 25 1907

that I last saw her alive on Sept. 25 1907

and that death occurred, on the date stated above, at 5.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Intestines & Asthenia

(DURATION) 9 Mo. ~~DAYS~~

Contributory (Primary)

(DURATION) DAYS

(Signed) Jno. G. Stifel M.D. M.D.

Address 901 Myrtle Ave

Date Sept. 26 1907

Place of Burial Laurel

Date Sept. 28 1907

Undertaker P. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B C 5086

C 5086

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elisabeth Eble

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: May 3rd 1826

AGE: 81 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: P. Courtlenz

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Meary

(Address) Preston & Valley sts

Filed 9/27/07 190 HARRY C. ARENTS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 26th 1907

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on Sept 23 1907

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis

Unknown (DURATION) DAYS

Con'tributory (Primary.) Dropsy

1 month (DURATION) DAYS

(Signed) F. A. Kumer M.D.

Address 1133 Valley St

Date Sept 26 1907

Place of Burial New Cathedral

Date Sept 28th 1907

Undertaker John J. Fulda

Address 1200 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 5087 Registered No. B C 5087

IV

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christiana Crue

{Residence, if in Baltimore, Give Street and Number.} 1510 Rice Street

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph W. Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Christina Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph W Brown

(Address) 712 Vincent Ave

Filed 9/27 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26, 1907

I HEREBY CERTIFY, That I attended deceased from September 25 1907 to September 26 1907

that I last saw h[illegible] alive on September 26 1907,

and that death occurred, on the date stated above, at 6.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Mayo-Cardities

(DURATION) 2 DAYS

Contributory (Primary) Typhoid fever

(DURATION) — DAYS

(Signed) F. W. Hackett M.D.

Address Franklin Square

Date September 26 1907

Place of Burial Mt Auburn (Mt Auburn Cem)

Date 9.30 1907

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5088 Registered No. B [illegible]

64V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1630 E Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza A. Rollins

{ Residence, if in Baltimore, Give Street and Number. } 1630 E Fort Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W H Rollins

(Address) 796 N Crose

Filed 9/27/07 190

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 190 7

I HEREBY CERTIFY, That I attended deceased from Sept 25 190 7 to Sept 26 190 7 that I last saw h[illegible] alive on Sept 25 190 7, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Grinstead M.D.

Address 517 Lorts

Date Sept 26 190 7

Place of Burial Cedarfield

Date Sept 28/07 190

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 5089 Registered No. B C 5089

27 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 Grace Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Haywood Anderson

{Residence, if in Baltimore, Give Street and Number.} 122 Grace Court

Duration of Residence in Baltimore. 11 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: Feby 13 1885

AGE: 22 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Edward Tuppile

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Annie Fitzgerald

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Tenuell

(Address) 122 Grace Court

Filed 9/27 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 26 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Sept 26 1907 that I last saw him alive on Sept 18 1907 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Phthisis

Pulmonalis (DURATION) 30 DAYS

(Signed) Geo Kieffer M.D.

Address Mun Disp

Date Sept 26 1907

Place of Burial Mt Auburn Cemetery

Date Sept 27 1907

Undertaker R. S. Albert

Address 506 Rayner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 5090 Registered No. B C 5090

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 725 Bradley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Joseph & Lucie Dixon

{ Residence, if in Baltimore, Give Street and Number. } 725 Bradley st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Sept. 26th 1907

AGE: — years, — months, 2 hrs. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Inft.

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Joseph Dixon

BIRTHPLACE OF FATHER (State or country): Balt

MAIDEN NAME OF MOTHER: Lucie Brown

BIRTHPLACE OF MOTHER (State or country): Balt.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Dixon

(Address) 725 Bradley St.

Filed 9/27 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 26th 1907

I HEREBY CERTIFY, That I attended deceased from .....1907..... to .....1907.....

that I last saw h..... alive on .....1907.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

.....(DURATION).....DAYS

Contributory (Primary.).....

.....(DURATION).....DAYS

(Signed) Wm Boardman M.D.

Address 700 Lof. ave (Govans)

Date Sept. 27th 1907

Place of Burial Loudon Park Cem

Date Sept 27. 1907

Undertaker R. S. Fallert

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5091 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 722 Price St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bartlett Wells

{Residence, if in Baltimore, Give Street and Number.} 722 Price St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ....., 1.....

AGE ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/27/07 190.. HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190.., and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate

Phthisis Pulmonalis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lucien Carr M.D.

Address Coroners

Date Sept 27 - 07 190..

Place of Burial COLLEGE OF P. & S

FOR ANATOMICAL PURPOSES

Date SEP 27 1907 190..

Undertaker Commissioner Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151 V

CERTIFICATE OF DEATH.

Registered No. B C 5092

City of Baltimore, (No. 1509, N Bethel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Aloysius Spencer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 31 (Month) (Day) 1907 (Year)

AGE: ..... years, ~ months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo W Spencer Jr

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary A Coles

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Spencer Jr

(Address) 1509 Bethel

Filed Sept 28 1907

HARRY C. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1907 to Sept 27 1907 that I last saw h.im alive on Sept 27 1907, and that death occurred, on the date stated above, at 12 45 a.m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 27 DAYS

Contributory Exhaustion

(DURATION) 27 DAYS

(Signed) A D Macdonald M. D.

Sept 27 1907 (Address) 1540 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 28 1907

UNDERTAKER: Pitts Turner — ADDRESS: 1472 Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 C 5093 Registered No. B C 3093

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick D Bockelmann

{Residence, if in Baltimore, Give Street and Number.} 1024 E. Chase st

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 2nd 1907

AGE ..... years, 8 months, 24 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Fred Bockelmann

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary E. Fitzpatrick

BIRTHPLACE OF MOTHER (State or country) San Francisco

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Fred Bockelmann

(Address) 1024 E Chase st

Filed 9/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Sept. 26 1907

that I last saw h... alive on Sept. 25 1907

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

Exhaustion

(DURATION) 26 DAYS

Contributory (Primary.) ....

(DURATION) 1 DAYS

(Signed) Geo. L. Peters M.D.

Address C. H. Brady

Date Sept. 26 1907

Place of Burial Immaculate Cemetery

Date Sept 28/07 1907

Undertaker Christian Miller.

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5094 Registered No. B

CERTIFICATE OF DEATH.

105 4

(Place of Death.) No. 516 N Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwd. Monroe

{Residence, if in Baltimore, Give Street and Number.} 516 N Paca St

Duration of Residence in Baltimore. Four years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Louis Monroe

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nancy Cobbs

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Crane

(Address) 516 N Paca St.

Filed 9/28 1907

HARRY C. AMBREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27th 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cholera Infantum

(DURATION) 4 DAYS

Contributory (Primary.) Acute Indigestion (DURATION) ..... DAYS

(Signed) Wm Blackwood M.D.

Address 700 Lex. Av. (Corner)

Date Sept. 27th 1907

Place of Burial Mt. Auburn Cemetery

Date September 28th. 1907

Undertaker Felix Tyce

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 50.95 Registered No. B

CERTIFICATE OF DEATH.

93V

(Place of Death.) No. 2847 Remington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Hawkins

{Residence, if in Baltimore, Give Street and Number.} 2847 Remington Ave

Duration of Residence in Baltimore. Life-time - C 50.95

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Col
DATE OF BIRTH	June 7 1903
AGE	4 years, 3 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	James H Hawkins
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Alice Hawkins
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Hawkins

(Address) 2847 Remington Ave

Filed 9/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Sept 27 1907, that I last saw him alive on Sept 27 1907, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. G. Schmeall M.D.

Address 424 East 23 St

Date Sept. 27 1907

Place of Burial Greenmount Chapel Edmondson Station Baltimore Co. Md

Date Sept 29th 1907

Undertaker Sam'l N. Chase & Son

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5096 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie A Rouse

{ Residence, if in Baltimore, Give Street and Number. } 1900 Jefferson Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 24 1877

AGE 30 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Petzius

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Amelia Pretsch

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. C. F. Rouse

(Address) 1900 Jefferson Av

Filed 9/28 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept 25 1907 that I last saw her alive on Sept 25 1907, and that death occurred, on the date stated above, at 3.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J T Steicemall M.D.

Address 142 N Patterson Pk Av

Date Sept 28 1907

Place of Burial Patterson Cem

Date Sept. 28 1907

Undertaker J. Condon & Sons

Address Broadway & Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 C 5097 Registered No. B 105V

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 S Patterson Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winifred Lind

{Residence, if in Baltimore, Give Street and Number.} 400 S Patterson Park Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 1 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Michael A. Lind

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER B. A. Regan

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael A. Lind

(Address) 400 S Patterson Pk Ave.

Filed 9/28 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27" 1907

I HEREBY CERTIFY, That I attended deceased from Sept 19 1907 to Sept 27 1907 that I last saw h[illegible] alive on Sept 26 1907, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Entero Colitis (DURATION) 7 DAYS

Contributory (Primary.) Endocarditis (DURATION) DAYS

(Signed) C. W. Athey M.D.

Address 2 Hudson & Eutaw

Date Sept 27" 1907

Place of Burial New Cathedral

Date Sept. 29" 1907

Undertaker Wendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9

C 5098 Registered No. B

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 2115 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Victoria Shreck

{Residence, if in Baltimore, Give Street and Number.} 2115 E. Chase St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan. 4 1902

AGE: 5 years, 8 months, 22 days

SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Thomas A. Shreck

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Annie V. Cole

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 2115 E. Chase St.

Filed 9/28 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26th, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1907 to Sept 26th, 1907

that I last saw h~~er~~ alive on " " 1907

and that death occurred, on the date stated above, at 6.35 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions and Exhaustion

(DURATION) 20 hrs

Contributory (Primary.) Meningitis

(DURATION) 2 DAYS

(Signed) Albert B. Singenald M.D.

Address 1202 N. Patterson Park Ave.

Date 9/27/07 1907

Place of Burial Baltimore Cemetery

Date Sept. 29 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5099 Registered No. B

CERTIFICATE OF DEATH.

118 V

(Place of Death.) No. Md. Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss Mary Linah

{Residence, if in Baltimore, Give Street and Number.} 1109 Park ave. Linah

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 9, 1875

AGE 31 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Taneytown, Md.

FULL NAME OF FATHER David McClellen Linah

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sarah Jane Kuhns

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Frank Eline

(Address) 225 E. Lafayette Ave.

Filed 9/28 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 31 1907 to Sept 27 1907 that I last saw h[illegible] alive on 9/27 1907, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Septic Peritonitis

(DURATION) 3 DAYS

Contributory (Primary.) appendicitis

(DURATION) DAYS

(Signed) E. N. Bitner M.D.

Address Md Homeopathic Hospital

Date 9/27 1907

Place of Burial Taneytown, Md.

Date Sept. 28, 1907

Undertaker Henry W Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5100 Registered No. B [illegible]

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. 1508 W. Lexington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Jenkins Evans

{ Residence, if in Baltimore, Give Street and Number. } 1508 W. Lexington St

Duration of Residence in Baltimore. 30 years (about)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 30 = 1907

AGE 35 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single.

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER Chas. H. Evans

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Elma Jenkins

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Evans

(Address) 1508 W. Lexington St.

Filed 9/28" 1907

HARRY G. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Sept 26 1907

that I last saw h er alive on Sept 26 1907,

and that death occurred, on the date stated above, at 8 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

about (DURATION) 1½ DAYS

Contributory (Primary.) Nephritis (chronic)

unknown (DURATION) DAYS

(Signed) C. C. McDonald M.D.

Address 1526 W. Fayette St

Date Sept 27 1907

Place of Burial Baltimore Cemetery

Date Sept. 28 = 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette St =

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 5101 Registered No. B 41 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 Pearl St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Keefer

{Residence, if in Baltimore, Give Street and Number.} 229 Pearl St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William H Everett

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Nancy McC Lindy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Lockwood

(Address) 229 Park st

Filed 9/28" 1907 PARK ST ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1907 to Sept 27th 1907

that I last saw her alive on Sept 26th 1907,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma (DURATION) 180 DAYS

Contributory (Primary.) (Intestines)

Carcinoma Abdomen (DURATION) 180 DAYS

(Signed) Edward Gilchrist M.D.

Address 1339 N. North Ave

Date Balto Sept 27th 1907.

Place of Burial ~~Ft Lincoln~~ Greenmount Cemetery

Date Sept 30/07 1907

Undertaker H C Brauning

Address 518 Poplar Ton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 5103 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1601 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Effie Catharine Burns.

{Residence, if in Baltimore, Give Street and Number.} 1601 Wilkens Ave

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 23rd 1884

AGE: 23 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Montgomery Co, Md

FULL NAME OF FATHER: Basil R. Burns

BIRTHPLACE OF FATHER (State or country): Montgomery Co, Md

MAIDEN NAME OF MOTHER: Alvina V. Brandenburg

BIRTHPLACE OF MOTHER (State or country): Frederick Co, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Basil R Burns

(Address) 1601 Wilkens Ave

Filed 9/28" 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 26th 1907

I HEREBY CERTIFY, That I attended deceased from July 11th 1907 to Sept 26th 1907

that I last saw h alive on Sept 26th 1907,

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Pulmonalis.

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) DAYS

(Signed) Howard Ingleback M.D.

Address 39 N. Carrollton Ave

Date Sept 29th 1907

Place of Burial Loudon Park

Date Sep 29 1907

Undertaker Jos B. Cook.

Address 1552 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5103

Registered No. B .....

Germain Aged Home

City of Baltimore, (No. Baltimore Payson St.; ..... Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Thomas (George Thomas)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH July 27 1827
(Month) (Day) (Year)

AGE 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Michael Thomas

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Record Germain Aged Home

(Address) Baltimore Payson

Filed 9/28 1907

HARRY G. [illegible]
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 27 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Sept 27 1907

that I last saw h[illegible] alive on Sept 27 1907,

and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Catarrhal Diarrhoea

(DURATION) 5 DAYS

Contributory old age

(DURATION) ..... DAYS

(Signed) L Reinhard M. D.

Sept 28 1907 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Sept 28 1907
UNDERTAKER	**ADDRESS**
Jno B Cook	1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 C 5104 Registered No. B C 5104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 McHenry St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Columbus Shipley

{Residence, if in Baltimore, Give Street and Number.} 1611 McHenry St City

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 7 1856

AGE: 51 years, 4 months, 19 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Artemus Shipley

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Ann Marr

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ann Shipley

(Address) 1611 McHenry St

Filed 9/28 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept: 26 1907

I HEREBY CERTIFY, That I attended deceased from Sept: 21 1907 to Sept: 26 1907 that I last saw him alive on Sept: 26 1907, and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 28 DAYS

Contributory (Primary.) Want of medical attention (DURATION) 23 DAYS

(Signed) J. E. Smithcum M.D.

Address 1327 W Fayette St

Date Baltimore Sept: 27 1907

Place of Burial Int-Olivet-Cem

Date September 29 1907

Undertaker Joseph B Cook

Address 1001 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 5105 Registered No. B C 5105

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lena Berthold

{ Residence, if in Baltimore, Give Street and Number. } 825 W. Cross

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug 19 1

AGE 48 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Christian Schneider

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Bertholdt

(Address) 825 W Cross St

Filed 9/27 1907 HARRY G. ARMENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14th 1907 to Sept 27 1907 that I last saw her alive on Sept 26 1907, and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrenous intestines

(DURATION) DAYS

Contributory (Primary.) Umbilical hernia

(DURATION) DAYS

(Signed) E W Hackett M.D.

Address Franklin Square Hospital

Date September 27 1907

Place of Burial London Park

Date Sept 30 1907

Undertaker Jos. B. Cook

Address 1023 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

removed to 825 W Cross St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

C 5106 Registered No. B C 5106

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asy. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucile M Jackson

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1

AGE: years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V Inf Asy.

Filed 9/28 1907

HARRY O. ARTHURS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address

Date Sept 27 1907

Place of Burial New Cathedral

Date Sept 28 1907

Undertaker Martin Feeney & Son

Address 606 Lafayette Cafe

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C.5107 Registered No. B C.5107 15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant's St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola Miller

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.....

C.5107

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	1
AGE	..... years, ... months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St V Infants

Filed 9/28 1907 HARRY C. ARDREY PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Patrick F Harlen M.D.

Address .....

Date Sept 27 1907

Place of Burial New Cathedral

Date Sept 28 1907

Undertaker Martin Brahuy & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5108 Registered No. B C 5108

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf Asy't St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanche N Dorsey

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	1
AGE	years, 2 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St V. Inf. Asty

Filed 9/28 1907 HARRY C. ARMIGER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cer Enteritis

(DURATION) 7 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) R Martin M.D.

Address

Date Sept 27 1907

Place of Burial New Cathedral

Date Sept 28 1907

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5109 Registered No. B C 5109

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1708 Aliceanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank L. Jasko

{ Residence, if in Baltimore, Give Street and Number. } Same 1708 Aliceanna

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	March 16 1906
AGE	1 years, 6 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Frank Jasko
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Emilia Jasko
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Jasko

(Address) 1708 Aliceanna St

Filed 9/28 1907

PARK T. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Sept 27 1907

that I last saw h— alive on Sept 27 1907

and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 5 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 1 S Broadway

Date Sept 28 1907

Place of Burial Holy Rosary

Date Sept 28 1907

Undertaker Jos. Zborowski

Address 1742 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

20 C 5110

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5110

Registered No. B.....

City of Baltimore, (No. 2420 Wilkins ave, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alma Appolonia Hazel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. (Month) 27th (Day) 1907 (Year)

AGE: ..... years, ... months, 9 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm. Philip Hazel

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret F. Hazel

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. P. Hazel

(Address) 2420 Wilkins ave.

Filed 9/28 1907 HARRY G. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 28th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 27th 1907 to Sept. 28 1907 that I last saw her alive on Sept. 27th 1907, and that death occurred, on the date stated above, at 12-30 A. M. The CAUSE OF DEATH was as follows:

Premature Birth
Eighths Month of Gestation
(DURATION) 9 DAYS

Contributory: —
(DURATION) — DAYS

(Signed) H. W. Webner M. D.

Sept. 28, 1907 (Address) 723 W. Lombard St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Sept 28 1907

UNDERTAKER: Geo J. Smith & Co | ADDRESS: 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his uctice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

Registered No. B C 5111

C 5111

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 318 S. Chester St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Sinclair

{Residence, if in Baltimore, Give Street and Number.} 318 S. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 20 1882

AGE 25 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER James Sinclair

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Alice Bonn

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Candy Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Ryan

(Address) 318 S Chester St.

Filed 9/28 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto. Sept. 26 th 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1907 to Sept 26 1907

that I last saw h im alive on Sept. 26 1907

and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) R. S. Kirk M.D.

Address 1610 E. Baltimore St.

Date Sept 27 th 1907

Place of Burial Loudon Park Cem

Date Sept. 29th 1907

Undertaker Geo. A. Inman

Address Bank St Lanvale St.

WM. J. C. DULANY CO., BALTIMORE.

Dr. Kirk

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5112 Registered No. B ..... C 5112

CERTIFICATE OF DEATH.

120 V

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Whittemore

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1858

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John P. Kane

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Burke

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 27 1907

I HEREBY CERTIFY, That I attended deceased from June 22 1907 to Sept 27 1907

that I last saw her alive on Sept 27 1907,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 3 DAYS

Contributory (Primary) Nephritis.

Endo-carditis (DURATION) ..... DAYS

(Signed) Nott C. Bay M.D.

Address Bay View

Date Sept. 27 1907

Place of Burial Sept. 30th

Date Sept. 30th 1907

Undertaker Geo. A. Duncan & Bank Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5113 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Krouse

{Residence, if in Baltimore, Give Street and Number.} Bay View (Alt Wanna)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: McKnaw 1

AGE: 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Pryer

BIRTHPLACE OF FATHER (State or country): city

MAIDEN NAME OF MOTHER: Isabel Frank

BIRTHPLACE OF MOTHER (State or country): city

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E Pryer

(Address) Washington road Mt Adams

Filed 9/28, 190.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 190.

I HEREBY CERTIFY, That I attended deceased from Sept 4 190.7 to Sept 27 190.7

that I last saw her alive on Sept 27 190.7,

and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate)

1. Pneumonia -

(DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) - DAYS

(Signed) Pott & Bay M.D.

Address Bay View

Date Sept. 27 190.7

Place of Burial Mt Olivet Cemetery

Date Sept 29 190.7

Undertaker Wm J Pickney & Sons

Address Camden & Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5114

Registered No. B

City of Baltimore, (No. 816, N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marshall Iglehart

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	(Month) (Day) 1 Year)
AGE	61 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Larkin Iglehart
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Adams
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 N. Fremont

Filed 9/28 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27, 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1907 to Sept. 27 1907 that I last saw him alive on Sept. 27, 1907, and that death occurred, on the date stated above, at 12:15 p. m. The CAUSE OF DEATH was as follows:

Chronic interstitial Nephritis

(DURATION) 8 yrs.

Contributory Alcohol

(DURATION) DAYS

(Signed) E. A. Dickey M. D.

Sept. 27, 1907 (Address) 141 N. Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
National Cemetery	Sept 29th 1907
UNDERTAKER	ADDRESS
John J. Fields	1200 N. Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 C 5115 Registered No. B

CERTIFICATE OF DEATH.

646

(Place of Death.) No. 646 W Lexington St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Stephen W Hodgkins

{Residence, if in Baltimore, Give Street and Number.} 664 W Lexington St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	1
AGE	69 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Boston Mass
FULL NAME OF FATHER	~~Stephen Hodgkins~~
BIRTHPLACE OF FATHER (State or country)	Boston
MAIDEN NAME OF MOTHER	Mary ~~—~~
BIRTHPLACE OF MOTHER (State or country)	Boston Mass
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 9/28 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1907

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Malee M.D.

Coroner

Address

Date Sept 27 1907

Place of Burial National Cem'y

Date Sept 29th 1907

Undertaker John J Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If d... giv...

SEX

DATE

AGE

SINGL... WIDO...

BIRTH... (State...

FULL ... OF FA...

BIRTH... OF FA... (State...

MAIDE... OF MO...

BIRTH... OF MO... (State...

OCCUP... OF DE...

THE A... BEST ...

(Inform...

Filed 9/28

20

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1067

CERTIFICATE OF DEATH.

Registered No. B C 5116

City of Baltimore, (No. 2105 Calverton Road St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bertha Anna Scriba

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~

COLOR: White

DATE OF BIRTH: Nov (Month) 22nd (Day) 1904 (Year)

AGE: 2 years, 10 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Philip E. Scriba

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Fahr

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Scriba

(Address) 2223 Frederick Ave

Filed 9/28 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 27, (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 23 1907 to Sept. 27, 1907 that I last saw her alive on Sept. 27, 1907, and that death occurred, on the date stated above, at 12.45 p. m. The CAUSE OF DEATH was as follows:

Diarrhoea

(DURATION) 7 DAYS

Contributory Improper food

(DURATION) DAYS

(Signed) E. C. Dickey M. D.

Sept. 27 1907 (Address) 14 N. Monroe

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Sept 29 1907

UNDERTAKER: F. B. Kuhnert — ADDRESS: C# 1 Frederick Ave Ellw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 C 5117 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 54 Druid ave, Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ella Bell Hoy

{Residence, if in Baltimore, Give Street and Number.} 54 Druid ave, Hampden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 9th 1906

AGE 1 years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Harford Co. Md

FULL NAME OF FATHER Chas T Hoy

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mamie V Hamm

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie V. Hoy

(Address) 54 Druid ave

Filed 9/28 1907 HARRY O. ANDREWS Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1907 to Sept 28 1907 that I last saw h-e- alive on Sept 26 1907 and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Enteritis

(DURATION) 20 DAYS

Con'tributory (Primary.) Teething

(DURATION) 1 mo DAYS

(Signed) C. W. Diedenhorst M.D.

Address 907 Third ave

Date Sept 28 1907

Place of Burial St Marys Hampden

Date Sept 28 1907

Undertaker W E & C Kenworthy & Son

Address 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 5118 Registered No. B C 5118

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 E Fort Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) 179

Full Name Clara Marie Bahlman

{Residence, if in Baltimore, Give Street and Number.} 418 E Fort Ave

Duration of Residence in Baltimore. Life —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 11 1906

AGE 1 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry W. Bahlman

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Anna K Snyder

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Bahlman (Mother)

(Address) 418 E Fort Ave

Filed 9/28" 1907 BAKER DS ADMIN'S CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 190 to Sept 27 190

that I last saw h alive on Sept 25 190 7.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 420 Hanover St

Date Sept 29 1907

Place of Burial Holy Cross C & C Co

Date Sept 29 1907

Undertaker E Hoile

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

105 V

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5119

City of Baltimore, (No. 848, Columbia Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert Benton Raae

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: June (Month) 8 (Day) 1907 (Year)
AGE: — years, 3 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —
BIRTHPLACE (State or country): Balto City
FULL NAME OF FATHER: Wm. A. Raae
BIRTHPLACE OF FATHER (State or country): Balto City
MAIDEN NAME OF MOTHER: Mary Mac Donald
BIRTHPLACE OF MOTHER (State or country): Talbot Co. Md
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
(Informant) Wm. A Raae
(Address) 848 Columbia Ave.

Filed 9/28" 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 27 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 2 1907 to Sept 27 1907 that I last saw him alive on " 25 1907, and that death occurred, on the date stated above, at 12 a. m. The CAUSE OF DEATH was as follows:

Marasmus

1 mo. (DURATION) DAYS

Contributory Cholera Infantum,

2 wks. (DURATION) DAYS

(Signed) Chas. E. Conser M. D.
Sept 27 1907 (Address) 1113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Sept 29 1907
UNDERTAKER	ADDRESS
Chas. E. Fraser	746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V C 5120 Registered No. B C 5120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1721 Eastern ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Joseph Marcyzonok

{Residence, if in Baltimore, Give Street and Number.} 1721 Eastern

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: 3 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Marcizonok

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Mary Migrzec

BIRTHPLACE OF MOTHER (State or country): Curtissa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Marcizonok

(Address) 1721 Eastern Ave

Filed 9/29 1907 [illegible] Registrar

[illegible] CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27 1907 to Sept 28 1907

that I last saw h[illegible] alive on Sept 28 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

acute Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 S Broadway

Date Sept 28 1907

Place of Burial Holy Rosary.

Date Sunday Sept. 29" 1907

Undertaker W. F. Gadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH

Ward 7 Registered No. B C 5121

C 5121

CERTIFICATE OF DEATH.

(Place of Death.) No. 1627 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida L. Henderson

{ Residence, if in Baltimore, Give Street and Number. } 1627 Mc Elderry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH —— 1

AGE 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Thos Rhodes

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Emeline E Riley

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Crosby

(Address) 1627 Mc Elderry St

Filed 9/29 1907 HARRY C. [illegible] Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 27th 1907

I HEREBY CERTIFY, That I attended deceased from March 4th 1907 to Sep. 27th 1907 that I last saw her alive on Sep. 25th 1907, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

7 Months (DURATION) —— DAYS

Contributory (Primary.) ——

(DURATION) —— DAYS

(Signed) W. H. Johnson M.D.

Address 2017 E. Baltimore St

Date Sep. 28th 1907

Place of Burial Baltimore Cemetery

Date Sept. 30th 1907

Undertaker William Cook

Address 507 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

C 5122

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 5122
40 V

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 14 York St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abraham Washinsky

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: ..... (Month) ..... (Day) 1839? (Year)

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Washinsky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lottie Wrona

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jake Washinsky

(Address) 14 York St

Filed 9/29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 (Month) 1907 (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1907 to Sept 1907

that I last saw h.. alive on Sept 28 1907,

and that death occurred, on the date stated above, at 12.05 a.m. The CAUSE OF DEATH was as follows:

Malignant growth
Stomach & liver

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Melvin Rosenthal M. D.

Sept 29 1907 (Address) 1811 Linden ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Cem Washington Rd	Sept 29, 1907
UNDERTAKER	ADDRESS
Max Levinson	1620 mc Elderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3

Registered No. B C 5123

C 5123

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mrs. Ida Goedberg

{Residence, if in Baltimore, Give Street and Number.} 1105 Granby st.

Duration of Residence in Baltimore. 5 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Benj Horwitz

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lebbie Krieger

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Home work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Benj. Goldberg

(Address) 1105 Granby st

Filed 9/29 1907

NAMY C. AMES. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 28 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 18th 1907 to Sept 28 1907

that I last saw her alive on Sept 28 1907

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilitation

(DURATION) DAYS

Contributory (Primary.) Epidermolysis

+ Ulcer Nephritis (DURATION) DAYS

(Signed) Chas. Bagley Jr. M.D.

Address Hebrew Hospital

Date Sept. 28-07 1907

Place of Burial Rosedale Cemetery

Date Sept 29, 1907

Undertaker Max Leonard

Address 1620 McElderry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — C 5124 — Registered No. B C 5124

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 1308 Andre St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Timothy L. Kyne

{Residence, if in Baltimore, Give Street and Number.} 1308 Andre St.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 25 1872

AGE: 35 years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): A A. Co Md.

FULL NAME OF FATHER: Timothy Kyne

BIRTHPLACE OF FATHER (State or country): Howard Co Md.

MAIDEN NAME OF MOTHER: Bridget Young

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Kyne (mother)

(Address) 1308 Andre St.

Filed 9/29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Failure

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas McFarland M.D.

Address Coroner

Date September 29 1907

Place of Burial Elkridge Landing

Date Sept 30 1907

Undertaker J. J. Fahey

Address 1232 Hillsdale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 5125 Registered No. B C 5125

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier # 32 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Robison

{ Residence, if in Baltimore, Give Street and Number. } 754. Waresche St

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH Don't Know

AGE 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) North Carolina.

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) Don't Know

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Don't Know

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Smith (Brother in Law)

(Address) 754 Waresche St

Filed 9/29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 26 1907

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h— alive on ——— 190,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos. M. Reinhardt M.D.

Address Coroner

Date September 27 1907

Place of Burial Mt. Olivet Cemetery

Date Sept 29 1907

Undertaker R. S. & C. Hall

Address 506 Reagan St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 C 5126 Registered No. B 5126

CERTIFICATE OF DEATH.

14 V

(Place of Death.) No. 229 N. Lanvale St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Chappell Clarke (Mrs.)

{Residence, if in Baltimore, Give Street and Number.} 229 N Lanvale St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH January 22d 1859

AGE 48 years, 8 months, 5 days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Philip Stockton Chappell

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Alcinda Baltzell

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Clarke

(Address) 229 N Lanvale St

Filed 9/29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1907

I HEREBY CERTIFY, That I attended deceased from 1870 to Sept 27th 1907

that I last saw h.r alive on Sept. 27th 1907.

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exanition

about 3 Months (DURATION) DAYS

Contributory (Primary.) Nervous Exhaustion (worry) (DURATION) 4 yrs.

(Signed) Claude Van Bibber M.D.

Address 9 E. Read St

Date Sept 28th 1907

Place of Burial Greenmount Cemetery

Date Sept 30th 1907

Undertaker W. H. Jenkins & Sons Co

Address 306 N. Meadison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 C 5127 Registered No. B C 5127

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 W. German St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul J. Koch.

{ Residence, if in Baltimore, Give Street and Number. } 618 W. German St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 23rd 1907

AGE: — years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Paul L. Koch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Lenora C. Folus

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lenora C. Koch

(Address) 618 German St.

Filed 9/29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 14 1907 to Sept 28 1907 that I last saw h[illegible] alive on Sept 27 1907, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Intestinitis

— (DURATION) 40 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. L. Nuckols, M.D.

Address 504 S. Paca St.

Date Sept-28. 1907

Place of Burial Cedar Hill Cem.

Date Sept 29 1907

Undertaker Jos. Svendsen's Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 C 5123 Registered No. B C 5123

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Noyes

{Residence, if in Baltimore, Give Street and Number.} 934 East Madison St.

Duration of Residence in Baltimore. 62 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 1st 1844

AGE: 62 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Lewis

BIRTHPLACE OF FATHER (State or country): St Mary's Co

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Spare keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry T. Booz

(Address) 934 E. Madison

Filed 9/29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 28th 1907.

I HEREBY CERTIFY, That I attended deceased from Sept. 18th 1907 to Sept 27th 1907 that I last saw h.r alive on Sept 27th 1907, and that death occurred, on the date stated above, at 4:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Diabetis Mellitus

(DURATION) 10 DAYS

Contributory (Primary.) Diabetis Mellitus

About two years (DURATION) ? DAYS

(Signed) Robert J. Green M.D.

Address 127 Virginia Ave.

Date Sept. 28th 1907.

Place of Burial Baltimore Cemetery

Date Sept 30th 1907

Undertaker Henry Lutz

Address 1007 W. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 5129 Registered No. B C 5129

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 S Carlin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cornelius Collins

{Residence, if in Baltimore, Give Street and Number.} 9 S Carlin

Duration of Residence in Baltimore. 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —— 1

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Summerset Co Md

FULL NAME OF FATHER: Stephn Collins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rozetta Walens

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 9 S. Caroline st

Filed 9/29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27 1907 to Sept 27 1907 that I last saw h in alive on Sept 27 1907 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis
2 wks (DURATION) DAYS

Con'ributory (Primary) Dropsy Eclamptic

(DURATION) DAYS

(Signed) Chas F Bloede M.D.

Address 1523 E Balto St

Date Sept 27 1907

Place of Burial Crisfield Summerset Co Md

Date Sept 29 1907

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 5130 Registered No. B C 5130

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1834 N Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Hoffman

{Residence, if in Baltimore, Give Street and Number.} 1834 N Spring St-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1

AGE ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Adolft Hoffman

BIRTHPLACE OF FATHER (State or country) M D

MAIDEN NAME OF MOTHER Lizzie Green

BIRTHPLACE OF MOTHER (State or country) M. D

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolft Hoffman

(Address) 1834 N Spring

Filed 9/29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from Aug 27 1907 to Sept 27 1907

that I last saw h... alive on Sept 27 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) — DAYS

Contributory (Primary.) Entero colitis

(DURATION) — DAYS

(Signed) Bernard Wise M.D.

Address 825 E Chase St

Date Sept 28 1907

Place of Burial Asbury Cem

Date Sept 29th 1907

Undertaker Wm J G Jackson

Address 1421 Hamilton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19th

C 5131

Registered No. B C 5131

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 Maranmas Lane St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Shay

{Residence, if in Baltimore, Give Street and Number.} Mcrymans 607 Maranmas Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Apr 24 1893

AGE 14 years, 5 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Shay

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Aliese Shay

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aliese Shay

(Address) 607 Maranmas Lane

Filed 9/29 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28. 1907

I HEREBY CERTIFY, That I attended deceased from Sept 6 1907 to Sept 26 1907

that I last saw h in alive on Sept 26 1907

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate

Typhoid Fever. prim.

S&C, Elephantiasis Dropsy

Cardiac failure.

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Vernon F Kelly M.D.

Address 405 Fern Rd

Date Sept 28. 1907

Place of Burial St Marys Hampden

Date Sept 30 1907

Undertaker W. E. Chenowith & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5132

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5132

Registered No. B .....

City of Baltimore, (No. 1544 Treadeby Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Edward Galbraith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Cant remember as I cannot put my hand on book (Month) Of official (Day) rights Year)

AGE: 13 years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: .....

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William E Galbraith

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: at School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno M Barnes MD

(Address) 1525 west Lanvale st

Filed 9/29 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Friday Morning Sept 27th 1907
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 26th 4.30 PM 1907 to Sept 27 10.15 AM 1907 that I last saw him alive on Sept 27 10.15 AM 1907, and that death occurred, on the date stated above, at 10.15 A. M. The CAUSE OF DEATH was as follows:

Diabetes acute
The family reports to me that for several weeks previous there was a degree of the kidneys with great loss of flesh but no violent (DURATION) 4 DAYS
attack until Tuesday Sept 24th
Contributory Gastritis
had effected for several (DURATION) months DAYS

(Signed) Jno M. Barnes M. D.

Sept 29 1907 (Address) 1525 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon P K — DATE OF BURIAL: Sept 29 1907

UNDERTAKER: John E Hough Co — ADDRESS: 1422 Penna av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

1W V

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jones.

{Residence, if in Baltimore, Give Street and Number.} Bay View

C. 5133

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: Col.

DATE OF BIRTH: ..... 1 .....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lester Holliday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 9/29 1907 HARRY G. T. ANDREW, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 21 1907 to Sept 28 1907 that I last saw h er alive on Sept 28 1907 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) ..... DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 29 1907

Place of Burial Laurel Cemetery

Date Sept. 30. 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 5134 Registered No. B 1511

CERTIFICATE OF DEATH.

(Place of Death.) No. 1771 N. Gay St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Inf of Fannie B. + Eldrige Dixon Infant

{Residence, if in Baltimore, Give Street and Number.} 1771 N. Gay St.

Duration of Residence in Baltimore. 2 hrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 29 1907

AGE ..... years, ... months, 2 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Eldrige E Dixon

BIRTHPLACE OF FATHER (State or country) Prince Georges Co Md

MAIDEN NAME OF MOTHER Fannie B Phipps

BIRTHPLACE OF MOTHER (State or country) Anne Arundel Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eldridge E Dixon

X (Address) 1771 N. Gay St

Filed 9/30 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ Sept 29 1907 to ..... 190..

that I last saw him alive on Sept 29 1907,

and that death occurred, on the date stated above, at 7.9. M.

CAUSE OF DEATH (Secondary or Immediate)

Premature Delivery.

..... (DURATION) ..... DAYS

Contributory (Primary.) —

..... (DURATION) ..... DAYS

(Signed) B. P. Herzog M.D.

Address 1601 N Patterson Park Ave

Date September 29 1907

Place of Burial Trinity Cemetery

Date Sept. 30 1907

Undertaker E J Fanning

Address 1938 Chapman

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 23 C 5135 Registered No. B C 5135

CERTIFICATE OF DEATH.

271

(Place of Death.) No. 1126 Light St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bennie Necessen

{ Residence, if in Baltimore, Give Street and Number. } 1126 Light St

Duration of Residence in Baltimore. about 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: August 19th 1869

AGE: 43 years, 1 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Necessen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katy Greiner

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Glass cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Necessen

(Address) 1126 Light St

Filed 9/30 1907 MARY U. [illegible] Registrar; PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1907

I HEREBY CERTIFY, That I attended deceased from 1905 to Sept 28 1907 that I last saw h[illegible] alive on Sept 28 1907, and that death occurred, on the date stated above, at 920 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 years DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 N. Charles St

Date Sept 29 1907

Place of Burial Holy Cross C.C.Co

Date October 1st 1907

Undertaker Jos. Stuntebeck

Address 1518 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City

Ward 17 C 5136 Registered No. B C 5136

CERTIFICATE OF DEATH. 1907

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry W. Muthert

{ Residence, if in Baltimore, Give Street and Number. } 42 S. Green Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 1 1862
AGE	45 years, 3 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	August Muthert
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Aliza Laporte
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Muthert

(Address) 1731 Hollins St

Filed 9/30 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 28, 1907

I HEREBY CERTIFY, That I attended deceased from September 24 1907 to September 28 1907 that I last saw h[illegible] alive on Sept. 26, 1907, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of heart

(DURATION) DAYS

Contributory (Primary.) Fatty infiltration of heart (DURATION) DAYS

(Signed) J. W. Hatchett M.D.

Address Franklin Sq. Hospital

Date September 28, 1907.

Place of Burial Baltimore Cemetery

Date Sept 30 1907

Undertaker Wm Andrew Robertson

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 5137 Registered No. B C 5137

CERTIFICATE OF DEATH.

97V

(Place of Death.) No. 802 N Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dolly Burnett

{Residence, if in Baltimore, Give Street and Number.} 802 N Bruce St

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR Colored

DATE OF BIRTH ——— 1

AGE 42 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Samuel Lawson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Catherine Lawson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) daughter Annie Burnett

(Address) 802 N Bruce St

Filed 9/30 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Sept 27th 1907

that I last saw her alive on Sept 27 1907

and that death occurred, on the date stated above, at 11¼ P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma Dropsy

Contused

(DURATION) 7 DAYS

Con'tributory (Primary) Heart D

(DURATION) 7 DAYS

(Signed) Dr G W Bernard M.D.

Address 108 Essex St.

Date 1907

Place of Burial King + Queen Co Va West Point Wharf

Date Sept 30 1907

Undertaker P A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17

Registered No. B C 5138

C 5138

CERTIFICATE OF DEATH.

(Place of Death.) No. 436 - East 23" St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Kenney.

{ Residence, if in Baltimore, Give Street and Number. } 436 - East 23 St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 1 years, 7 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ———

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Linton Kenney

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Martha Burns

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 436 East 23 St

Filed 9/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Sept 28 1907 that I last saw her alive on Sept 28 1907, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robt. G. Schmull M.D.

Address 424 - East 23 St

Date Sept. 28 1907.

Place of Burial Laurel

Date Sept 30th 1907

Undertaker R. H. Elliott.

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — C 5139 — Registered No. B C 5139

105 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno. E. Boisseau.

{Residence, if in Baltimore, Give Street and Number.} 1409 Etting St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colard

DATE OF BIRTH 1

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balt City

FULL NAME OF FATHER James E. Boisseau

BIRTHPLACE OF FATHER (State or country) Balt city

MAIDEN NAME OF MOTHER Elmire Jefferson

BIRTHPLACE OF MOTHER (State or country) Balt city

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Boisseau

(Address) 1404 Etting st

Filed 9/30 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 28 1907 to Sept. 28th 1907

that I last saw h[illegible] alive on Sept. 26 1907

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

— (DURATION) — DAYS

Contributory (Primary) Entero-Colitis (DURATION) DAYS

(Signed) W. F. Campbell M.D.

Address 516 Mosher st.

Date Sept. 29th 1907

Place of Burial Mount Auburn

Date Sept 30 1907

Undertaker John H. Owens & Son

Address 1222 Monroe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5140 Registered No. B C 5140

106V

CERTIFICATE OF DEATH.

(Place of Death.) No 2405 Mc Elderry St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Dauses

{Residence, if in Baltimore, Give Street and Number.} 2405 Mc Elderry st

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 23rd 1832

AGE: 75 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Lawrance Dauses

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Dauses

(Address) 2405 Mc Eldery St

Filed 9/30 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Sept 29 1907 that I last saw him alive on Sept 29 1907 and that death occurred, on the date stated above, at 8.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) ..... DAYS

Con'ributory (Primary.) Old age

(DURATION) ..... DAYS

(Signed) C Carrell M.D.

Address 1140 E Baltto St

Date Sept 30 1907

Place of Burial Holy Redeemer Cemetery

Date October 2nd 1907

Undertaker Christian Miller.

Address 2334 Jefferson Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st — C 5141 — Registered No. B C 5141

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 Robinson St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. Cooper

{Residence, if in Baltimore, Give Street and Number.} 922 Robinson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1862

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cooper

(Address) 922 Robinson

Filed 9/30 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27th 1907

I HEREBY CERTIFY, That I attended deceased from July 22nd 1907 to Sept 27th 1907

that I last saw him alive on " " 1907

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Over 2 months (DURATION) DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) Jacob L. Winnen M.D.

Address 1735 Bank St

Date Sept 30th 1907

Place of Burial 1st German Cem

Date Sept 30th 1907

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 3 C 5142 Registered No. B C 5142

936

CERTIFICATE OF DEATH.

(Place of Death.) No. 836 S Bond St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Duesslein

{ Residence, if in Baltimore, Give Street and Number. } 836 S Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 13 1883

AGE: 24 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Georg Duesslein

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Augusta Duesslein

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. Duesslein

(Address) 836 S. Bond St

Filed 9/30 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1907

I HEREBY CERTIFY, That I attended deceased from Sept 17 1907 to Sept 28 1907

that I last saw h— alive on Sept 28 1907

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Walentine M.D.

Address 16 S Broadway

Date Sept 28 1907

Place of Burial Baltimore Cem

Date Oct 1st 1907

Undertaker H Nicolaus & Son

Address ~~210 E~~ 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — Registered No. B C 5143

C 5143

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles Mennis

{Residence, if in Baltimore, Give Street and Number.} 223 N. Collington ave ~~Bay View~~

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal. | COLOR: Wht.

DATE OF BIRTH: March 22 1877

AGE: 30 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Father

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW HOSPITAL

Filed 9/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from July 3 190 7 to Sept 27 190 7 that I last saw h~~im~~ alive on Sept 27 190 7, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) ..... DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis (DURATION) 1 DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 27 190 7

Place of Burial St. Patricks

Date Oct. 1 / 07 190

Undertaker Jos. J. Hess

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5144 Registered No. B C 5144

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 N Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Kaufman

{Residence, if in Baltimore, Give Street and Number.} 118 N. Wolfe

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH 1

AGE x years, x months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Michael J. Kaufman

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Mary C. Twist

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J. Kaufman

(Address) 118 N. Wolfe St

Filed 9/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1907

I HEREBY CERTIFY, That I attended deceased from ~~1907~~ to ~~1907~~

that I last saw h~~er~~ alive on ~~1907~~,

and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo J K Comer M.D.

Address Corner Eager

Date Sept 29-07 1907

Place of Burial Holy Redeemer

Date Sept 30 1907

Undertaker Jos. J. Mayr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 5145 Registered No. B C 5145

95 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 845 Pierce St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harriet Mayfield

{ Residence, if in Baltimore, Give Street and Number. } 845 Pierce St.

Duration of Residence in Baltimore. Sixty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH Not Known 1

AGE 78 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry Mayfield

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Susan

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Bradford

(Address) 845 Pierce St.

Filed 9/30 1907 HARRY C. ARMSTRONG Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27th 1907 to Sept 28th 1907

that I last saw her alive on Sept 28th 1907,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 4 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John Neff M.D.

Address 1618 N. Lanvale Ave

Date 1907

Place of Burial Mt Auburn

Date Sept 30th 1907

Undertaker Alex H. Smedley

Address 578 N. Bickelle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

931

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5146

City of Baltimore, (No. 1929, Pulaski St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Walkar

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: April (Month) 18 (Day) 1871 (Year)	
AGE: 36 years, 5 months, 10 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Josaf Maint	
BIRTHPLACE OF FATHER (State or country): Libanan Ger.	
MAIDEN NAME OF MOTHER: Hanna Maint	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Walkar

(Address) 1929 Pulaski st

Filed 9/30 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 28 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 21 1907 to Sept. 28 1907 that I last saw h-- alive on Sept. 28 1907, and that death occurred, on the date stated above, at 11.30 a. m. The CAUSE OF DEATH was as follows:

Double Pneumonia

(DURATION) 6 DAYS*

Contributory Hemorrhage of Lungs (DURATION) DAYS

(Signed) Wm. Grant M. D.

Sept. 29 1907 (Address) 2020 W. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Oct 1st 1907
UNDERTAKER: A. F. Philbin	ADDRESS: 1711 Mad ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 5147 Registered No. B C 514?

CERTIFICATE OF DEATH.

(Place of Death.) No. 330 Friendship St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Florence Teresa Thomson

{Residence, if in Baltimore, Give Street and Number.} 330 Friendship St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Jan. 5th 1864	
AGE 43 years, 9 months, 24 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Aug. F. Dames
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Elizabeth Poslip
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. A. Dames sister

(Address) Walbert apt.

Filed 9/30 1907 HARRY C. ARRANS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 14 1907 to Sept. 28 1907 that I last saw her alive on Sept 28 1907 and that death occurred, on the date stated above, at 5.30 a.m.

M. CAUSE OF DEATH (Secondary or Immediate.)

asthma

3 months (DURATION) DAYS

Con'tributory (Primary.) Tubercular Asthma

1 year (DURATION) DAYS

(Signed) John I. Kuhn M.D.

Address 428 Gorsuch Ave

Date Sept 29 1907

Place of Burial Baltimore Cemetary

Date Oct 1/07 1907

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

C 5148

Ward 4

C 5148

Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. General Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Engle.

{ Residence, if in Baltimore, Give Street and Number. } 117 W. Saratoga St.

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Aug 28th 1830

AGE 77 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Jefferson Co. West Va

FULL NAME OF FATHER Phillip Engle

BIRTHPLACE OF FATHER (State or country) Jefferson Co. West Va

MAIDEN NAME OF MOTHER Elizabeth Daniels

BIRTHPLACE OF MOTHER (State or country) Ohio

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosella Engle.

(Address) 117 W. Saratoga St.

Filed 9/30 1907

HARRY C. AMBREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept 19, 1907 to Sept 29 1907

that I last saw h[illegible]live on Sept 29 1907.

and that death occurred, on the date stated above, at 10:15 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Con'ributory (Primary.) Diarrhea

(DURATION) 17 DAYS

(Signed) W. W. Bowen M.D.

Address Md. General Hosp.

Date Sept. 29, 1907

Place of Burial Shepherds Town West Va

Date Oct. 1, 1907

Undertaker Mr. & Mrs John H. Teufel.

Address 801 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 C 5149 Registered No. B C 5149

CERTIFICATE OF DEATH.

(Place of Death.) No. 902 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Uriah S. Firor

{Residence, if in Baltimore, Give Street and Number.} 902 W Lexington St

Duration of Residence in Baltimore. 58 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Color
DATE OF BIRTH	September 25 1828
AGE	79 years, 0 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Frederick Co
FULL NAME OF FATHER	John Firor
BIRTHPLACE OF FATHER (State or country)	Frederick Co Md 1793
MAIDEN NAME OF MOTHER	Magdalina Warmpfelz
BIRTHPLACE OF MOTHER (State or country)	Frederick
OCCUPATION OF DECEASED	Carpenter & Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver T Firor

(Address) 1032 N Arlington

Filed 9/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 10 1907 to Sept 27 1907

that I last saw h[illegible] alive on Sept 27 1907

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction from malignant ? Had internal injury 35 years ago ?

(DURATION) DAYS

Con'tributory (Primary.) Peritonitis

Involvement. Vomiting (DURATION) 10 DAYS

(Signed) W F Kemp M.D.

Address 8 W 2-5-07

Date Sept 28 1907

Place of Burial London Park

Date Sept 30th 1907

Undertaker Geo J Smith Co.

Address 1012 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of ...

8 C 5150 Registered No. B C 5150

40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1231 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Eggert

{Residence, if in Baltimore, Give Street and Number.} 1231 N Bond St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1859

AGE 48 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Zinnewald

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Thomas Canby

(Address) 946 Argyle St

Filed 9/30 1907 HARRY C. ... Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from June 19 1907 to Sept 27 1907

that I last saw h... alive on Sept 27 1907

and that death occurred, on the date stated above, at 4 45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

30 months (DURATION) ... DAYS

Contributory (Primary) Pneumonia

3 (DURATION) ... DAYS

(Signed) H L Lehr M.D.

Address 1731 E Baltimore St

Date Sept 27 1907

Place of Burial Loudon Park

Date Sept 30 1907

Undertaker John McGowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

C 5151 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2004 - 7th Walbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel A. Tarr

{Residence, if in Baltimore, Give Street and Number.} 2004 - 7th St.

Duration of Residence in Baltimore. Two years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. 6th 1907

AGE: ..... years, 1 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 2004 - 7th St Baltimore

FULL NAME OF FATHER: James A. Tarr

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Martha Keller

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A Tarr

(Address) 2004 7th St

Filed 9/30 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 29th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 29th 1907 to Sept 29th 1907 that I last saw him alive on Sept 29th 1907, and that death occurred, on the date stated above, at 2:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Baby born sick Eclat has as the result of absorbed poisons from the bowels (DURATION) DAYS

Contributory (Primary.) Weak Heart (DURATION) DAYS

(Signed) J. R. Zepp M.D.

Address 3050 W North Ave

Date Sept 29th 1907

Place of Burial Presbyterian Govans

Date Oct 1 - 1907

Undertaker H. C. Winkfield

Address 914 Glenmont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City [illegible]

Ward 8 C 5152 Registered No. B C 5152

CERTIFICATE OF DEATH.

7 1 V

(Place of Death.) No. 1801 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Madeline B. Boebel.

{ Residence, if in Baltimore, Give Street and Number. } In. 1801 N. Bethel St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 23, 1902

AGE — years, — months, Six days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Hans W. Boebel

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Maggie Sellman.

BIRTHPLACE OF MOTHER (State or country) Baltimore city

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hans W. Boebel

(Address) In. 1801 N. Bethel St.

Filed 9/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1907 to Sept. 30, 1907 that I last saw her alive on Sept. 29, 1907, and that death occurred, on the date stated above, at 1.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) One DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. A. Clewell, M.D.

Address 1741 Harford ave.

Date Sept. 30, 1907

Place of Burial St. Vincents Cemetery

Date Sept. 30 1907

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 14 C 5153 Registered No. B C 5153

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Washington Brown

{ Residence, if in Baltimore, Give Street and Number. } Patapsco Nick. Baltimore Co Md

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): ?

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address) .....

Filed 9/30/07 190.

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 25 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1 30 pm 1907 to Sept 25 6 30 pm 1907

that I last saw him alive on Sept 25 1907

and that death occurred, on the date stated above, at 6 30

I. CAUSE OF DEATH (Secondary or Immediate)

Broncho - Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. W. Clough M.D.

Address Johns Hopkins Hospital

Date September 25 1907

Place of Burial JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

Date SEP 28 1907 190

Undertaker Commissioner Health

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT,

Ward 1 C 5154 Registered No. B C 5154

16 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1620 Abbott St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Josefa Roubal

{Residence, if in Baltimore, Give Street and Number.} 1620 Abbott st.

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Josef Killian

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles G. Roubal

(Address) 1620 Abbott st

Filed 9/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1907

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Sept 28 1907

that I last saw her alive on Sept 25 1907

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Endocarditis

(DURATION) X DAYS

Contributory (Primary.)

Failure of Confinement (DURATION) 15 DAYS

(Signed) [illegible] M.D.

Address 932 Broadway

Date Sept 29/ 1907

Place of Burial Holy Redeemer

Date Oct. 1 1907

Undertaker Grant Brach

Address 1904 Ashland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

15

HEALTH DEPARTMENT, CI...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4V

CERTIFICATE OF DEATH.

Registered No. B C 5155

City of Baltimore, (No. 2027 W North ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kunnett E Burke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: aug (Month) 2 (Day) 1904 (Year)

AGE: 3 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Edw. E Burke

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lucy M. Rudy.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. E Burke

(Address) 2027 W North ave

Filed 9/30 1907

HARRY C. ... PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 28th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 7 1907 to Sept 28 1907 that I last saw him alive on Sept. 27 1907, and that death occurred, on the date stated above, at 7a a M. The CAUSE OF DEATH was as follows:

Remittent Fever followed by Cerebral Effusion.

One Month (DURATION) 8 DAYS

Contributory Cerebral Effusion (DURATION) ..... DAYS

(Signed) H. B. Barnard M. D.

Sept 28 1907 (Address) 2112 N Chas

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudan Park — DATE OF BURIAL: Sept 30 1907

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTM[illegible]

Ward 7

C 5156

Registered No. B [illegible]

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1201 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E Knox

{Residence, if in Baltimore, Give Street and Number.} 1201 Warner

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 13th 1907

AGE ..... years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Emanuel Knox

BIRTHPLACE OF FATHER (State or country) Lillie May Heine

MAIDEN NAME OF MOTHER Balto

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie May Knox

(Address) 1201 Warner St

Filed 9/30" 1907 HARRY C. ARKINS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Sept 28 1907 that I last saw h[illegible] alive on Sept 27 1907, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate

Gonorrhea

(DURATION) 4 DAYS

Contributory (Primary.) [illegible]

(DURATION) 1 DAYS

(Signed) Edw [illegible] M.D.

Address 517 Saratoga

Date Sept 28 1907

Place of Burial Baltimore Cem

Date Sept 30th 1907

Undertaker C Schlosser & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 C 5157 Registered No. B

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 1417 ~~704~~ Belvidere St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Ringold

{Residence, if in Baltimore, Give Street and Number.} 1417 ~~704~~ Belvidere St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR C

DATE OF BIRTH Aug 21 1907

AGE ..... years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Henry Ringold

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Irene Dorsio

BIRTHPLACE OF MOTHER (State or country) ~~Jessie~~ Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1417 ~~704~~ Belvidere

Filed 9/30 1907 HARRY C. ANDREWS, Registrar PERMIT CLERK.

WM. J. C. DULANY CO. Baltimore.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1907 to Sept 28 1907 that I last saw her alive on Sept 28 1907 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cholera Infantum -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. L. Levy M.D.

Address 733 Aisquith

Date 9/30 1907

Place of Burial Laurel Cemetery

Date Sept 30 1907

Undertaker R A Elliott

Address 506 Rogers Ave

Mother Deceased

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH

Ward 27 C 5158 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 918 Ridgley St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Andrew J. Temple Jr.

{ Residence, if in Baltimore, Give Street and Number. } 918 Ridgley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 7 1907

AGE ..... years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Andrew J. Temple Sr

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary M Barnes.

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Andrew J Temple Sr

(Address) 918 Ridgley St

Filed Sept 30 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept 13 1907 to Sept 29 1907 that I last saw h[illegible] alive on Sept 28 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

(DURATION) 15 DAYS

Contributory (Primary.) Prostration

(DURATION) 5 DAYS

(Signed) Chas L. Goldsborough M.D.

Address 418 N. Paca St.

Date Sept 30 1907

Place of Burial Loudon Park Cem

Date Sept 3rd 1907

Undertaker W. Pickerdsons

Address Lamont & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

23

HEALTH DEPARTMENT, CITY OF BALTIMORE.

106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C 5159

Registered No. B .....

City of Baltimore, (No. 1033 E. Howard St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha D. Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~

COLOR: Colored

DATE OF BIRTH: April (Month) 29 (Day) 1897 (Year)

AGE: 10 years, 5 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Samuel Johnson

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Johnson

(Address) 1033 E. Howard St

Filed 9/30 1907

HARRY C. REGISTER
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 (Month) — 28 (Day) — 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 9-26-1907 to 9-27-1907 that I last saw her alive on 9-27-1907, and that death occurred, on the date stated above, at 8 — M. The CAUSE OF DEATH was as follows:

Acute Enteritis

(DURATION) 9 DAYS

Contributory Acute Phrenitis

(DURATION) 2 DAYS

(Signed) L. D. Dyer M. D.

9-28 1907 (Address) 1113 Druid Lane

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel Md

DATE OF BURIAL: Oct 1 1907

UNDERTAKER: G. L. Thompson

ADDRESS: 108 N Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 17 C 5160 Registered No. B 5160

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Still

{Residence, if in Baltimore, Give Street and Number.} 587 Orchard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 39 years, 11 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N C

FULL NAME OF FATHER: Joseph C. Hill

BIRTHPLACE OF FATHER (State or country): N C

MAIDEN NAME OF MOTHER: Sallie B Hill

BIRTHPLACE OF MOTHER (State or country): N C

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sherman A Hill

(Address) 1814 Lemmon St

Filed 9/30 1907

MARY C. BROWN PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from Sept 21 1907 to Sept 27 1907

that I last saw him alive on Sept 27 1907

and that death occurred, on the date stated above, at 11.50 M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) 19 Min DAYS

Contributory (Primary.) aortic Aneurysm (DURATION) — DAYS

(Signed) R.B. Crawford M.D.

Address University Hospital

Date Sept 27 1907

Place of Burial Mt Auburn

Date Sept 30th 1907

Undertaker R. A. Elliott

Address 504 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

17

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15 IV

CERTIFICATE OF DEATH.

C 5161

Registered No. B.....

City of Baltimore, (No. 545 W. Preston — St.; 17th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Iona Croxton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... (Month) ..... (Day) 1 Year)

AGE ..... years, 10 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER ~~Clifton C. Hill~~ Thornton Croxton

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Bessie Brockenbrough

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) ~~Susan Croxton Hill~~ ~~Thomas Hill~~ 545 W. Preston St.

(Address) ~~1614 Division St.~~ 545 W. Preston St.

Filed 9/30 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 (Month) 28th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 15th 190 to Sept. 25th 1907

that I last saw her alive on Sept. 25th 1907,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Marasmus

10 (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

9/29th 1907 (Address) 1019 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Mt. Auburn | DATE OF BURIAL Sept. 30 1907

UNDERTAKER C. T. Elliott | ADDRESS 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH

Ward 10 — C 5162 — Registered No. B C 5162

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Lorigan

{Residence, if in Baltimore, Give Street and Number.} 6 South Pulaski Street

Duration of Residence in Baltimore 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Aug 17 1844

AGE: ~~63~~ 63 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Do Not Know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 6 S. Pulaski St.

Filed 9/30 1907 HARRY O. ARRANS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept 2" 1907 to Sept 29 1907 that I last saw her alive on Sept 29 1907, and that death occurred, on the date stated above, at 10:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gangrene of Bladder

(DURATION) DAYS

Contributory (Primary.) Cystitis

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date September 30 1907

Place of Burial Cathedral Cemetery

Date Oct. 2" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5163

City of Baltimore, (No. 320, Belt St, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie B. Reed

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, ✓ months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER: Geo Reed

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Frances Reed

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 9/30/1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 22 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Congenital Debility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Wm. Lutheran Gorm ..... M. D.

Sept 22 1907 (Address) 1818 E. Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

SEP 30 1907

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

DATE OF BURIAL: ..... 190.....

UNDERTAKER: Commissioner Health. W

ADDRESS: Dept Health

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 5164 Registered No. B C 5164

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 S. Washington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Agnes Roberts

{Residence, if in Baltimore, Give Street and Number.} 610 S. Washington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 4th 1900

AGE 6 years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Charles L. Roberts

BIRTHPLACE OF FATHER (State or country) Rock Hall Kent Co. Maryland.

MAIDEN NAME OF MOTHER Lena Lovick

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 610 S. Washington St

Filed 9/30 1907 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28th 1907 to Sept 29th 1907

that I last saw her alive on Sept 29th 1907

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tox Emia - Eclampsia

(DURATION) hrs. DAYS

Contributory (Primary.) Encephalas

(DURATION) DAYS

(Signed) Herman J. Gerwig M.D.

Address 1932 Eastern Ave

Date Sept 29th 1907

Place of Burial Ft Stanislaus

Date Wednesday Oct 2" 1907

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. G. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours** the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 C 5165 Registered No. B C 5165

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Columbia, ave,

If Death occ... Hospital or I... give the N... of Stree... and N...

Full Name Carrie Sherman,

{Residence, if in Baltimore, Give Street and Number.} 1111 Columbia, ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH 1872

AGE 35 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wolfe Cahn

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mariam Hess

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Kaufman

(Address) 500 Barre st

Filed 9/30 1907.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29.

I HEREBY CERTIFY, That I attended ... March 1 1907 to Sept 29 ...

that I last saw h... alive on Sept 12, ...

and that death occurred, on the date stated abo...

A. M. CAUSE OF DEATH (Secondary or ...

Apncea, ...

(DURATION) Immed...

Contributory (Primary) Mitral Regurgitation

& Chronic Nephritis (DURATION) Years

(Signed) Albert S. Chambers.

Address 614 S. Paca St.

Date September 29, 1907

Place of Burial Oheb Shalom

Date Oct 1st 1907

Undertaker J. Abrams Co

Address 754 Lanvale

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14

C 5166 Registered No. B C 5166

CERTIFICATE OF DEATH.

(Place of Death.) No. 2134 Brunt St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Callier Whittaker.

{Residence, if in Baltimore, Give Street and Number.} 2134 Brunt St.

Duration of Residence in Baltimore. 13 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	C
DATE OF BIRTH	August 1864
AGE	43 years, 1 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Nash Co. N. C.
FULL NAME OF FATHER	Robert Whittaker
BIRTHPLACE OF FATHER (State or country)	Nash Co. N. C.
MAIDEN NAME OF MOTHER	Lucy Mann.
BIRTHPLACE OF MOTHER (State or country)	Nash Co. N. C.
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Evangeline Whittaker

(Address) 2134 Brunt St.

Filed 9/30 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1907 to Sept. 28 1907 that I last saw him alive on Sept. 28 1907 and that death occurred, on the date stated above, at 9: P. M. CAUSE OF DEATH (Secondary or Immediate

Hæmoptysis.

(DURATION) 4

Con'tributory (Primary.) Constipation. Left Lung

Pneumonia (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St.

Date Sept. 29. 1907

Place of Burial Mt Auburn Cem.

Date Sept 30th 1907

Undertaker Jas. H. Chase & Sons

Address 1011 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th C 5167 Registered No. B C 5167

105 V.

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Little Paca St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Solomen Harris.

{ Residence, if in Baltimore, Give Street and Number. } 608 Little Paca St.

Duration of Residence in Baltimore. 12 mo 16 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 12 1906

AGE: 1 years, 0 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): 608 Little Paca St.

FULL NAME OF FATHER: Samuel Harris

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Lena Harris

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Harris

(Address) 608 L. Paca st

Filed 9/30 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept 22 1907 to Sept 29 1907 that I last saw h[illegible] alive on Sept 29 1907, and that death occurred, on the date stated above, at 4:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro enteritis

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac asthenia

(DURATION) DAYS

(Signed) H V Hatangh M.D. M.D.

Address 622 W Lombard St

Date Sept 30 1907

Place of Burial Rows Dale Cemetery

Date Oct 1 1907

Undertaker Max Levinson

Address 1620 me Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward .....

C 5168 Registered No. B C 5168

CERTIFICATE OF DEATH.

64 ✓

(Place of Death.) No. 3006 Hudson St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) St.

Full Name Margaret S. Jenkins

{Residence, if in Baltimore, Give Street and Number.} 3006 Hudson St

Duration of Residence in Baltimore 14 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Lite

DATE OF BIRTH: 1

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Carolina Co Va

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr S Chivaral

(Address) 3006 Hudson St

Filed 9/30 1907 MARY O. ABRAMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24 1907 to Sept 29 1907

that I last saw h[illegible] alive on Sept 29 1907

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (DURATION) 6 DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) A. L. Long M.D.

Address 2429 Fait Ave

Date Sept 30 1907

Place of Burial Milford Va

Date Oct 1st 1907

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

C 5169 Registered No. B C 5169

CERTIFICATE OF DEATH.

(Place of Death.) No. 1345 Garret Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rose Alexander

{Residence, if in Baltimore, Give Street and Number.} 1345 Garret Av

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1887

AGE 20 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Ludwig Preuss

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Veronica Wisknefski

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Alexander

(Address) 1345 Garret Av

Filed 9/30 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 29th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28 1907 to Sept 29 1907

that I last saw her alive on Sept 28 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemorrhage (DURATION) 1 DAYS

Contributory (Primary.)

Typhoid Fever (DURATION) 21 DAYS

(Signed) H Kahn M.D.

Address 1570 E Fort Av

Date Sept 29 1907

Place of Burial Holy Rosary

Date October 2d 1907

Undertaker Jos. Stuntebeck

Address 1318 L Gilmor St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 51.70

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5170

City of Baltimore, (No. 932, W. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Cecilia Bayer

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	(Month) (Day) 1870 (Year)
AGE	37 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Fennerin
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Annie Kilmartin
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bayer
(Address) 932 W. Pratt St.

Filed 9/30 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 29 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from June 27th 1907 to Sept 29th 1907 that I last saw her alive on Sept 29th 1907, and that death occurred, on the date stated above, at 4-30 P. M. The CAUSE OF DEATH was as follows:

Valvular Disease of Heart
(DURATION) 6 mos DAYS

Contributory Dropsy
(DURATION) 2 Months DAYS

(Signed) H. W. Webner M. D.

Sept. 29th 1907 (Address) 723 W. Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	10/1 1907
UNDERTAKER	ADDRESS
Wm J Schiller	9 N. Paca St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 5171 Registered No. B C 5171

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Warner St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert C. Russell

{ Residence, if in Baltimore, Give Street and Number. } 1105 Warner St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH 1

AGE years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Adelbert J Russell

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Alice E Bull

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Bull

(Address) 1105 Warner St

Filed 9/30 1907 HARRY C. ARMANS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30" 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1907 to Sept. 28" 1907 that I last saw him alive on Sept. 28" 1907, and that death occurred, on the date stated above, at 8.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

6 wks. (DURATION) DAYS

Contributory (Primary.) Pneumonia & Ileo-colitis. (DURATION) DAYS

(Signed) A. F. Robinson M.D.

Address 837 N. Eutaw St

Date Sept. 30" 1907

Place of Burial Mt Olivet

Date 10/3 1907

Undertaker Wm J Schilling

Address 9 & Baltimore Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 5172 C 5172

Ward 24 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H. Knight

{ Residence, if in Baltimore, Give Street and Number. } 1402 Decatur st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Geo. Knight

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lot Known

BIRTHPLACE OF MOTHER (State or country): — — —

OCCUPATION OF DECEASED: Car Repairer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Henry Knight

(Address) Martinsville Va Co

Filed 9/30 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1907

I HEREBY CERTIFY, That I attended deceased from Coroner 190 to Case 190

that I last saw h— alive on — 190 —,

and that death occurred, on the date stated above, at 2 —

M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured Skull

(DURATION) 2 DAYS

Contributory (Primary.) Shock

(DURATION) DAYS

(Signed) Benj. S. Hamilton M.D.

Address 126 E Centre St

Date Sept. 28 1907

Place of Burial Mt Olivet

Date October 1 190

Undertaker E. E. Evans & Son

Address 1428 N Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 C 5173 Registered No. B C 5173

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Wilson Miller.

{Residence, if in Baltimore, Give Street and Number.} St. Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 1 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/1st 1907

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... Months

..... (DURATION) ..... DAYS

Contributory (Primary.) Tuberculosis

..... (DURATION) ..... DAYS

(Signed) R. T. Martin M.D.

Address .....

Date Sept. 29 1907

Place of Burial Mt. Calvary

Date Oct 1 1907

Undertaker Martin Funeral Home

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

C 5174

Ward 14

C 5174

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infy Asy

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel Clarke

{Residence, if in Baltimore, Give Street and Number.} St Vincent

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, 22 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/1st 1907

HARRY C. ANDREWS, Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary tuberculosis

2 mos

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) R Martin M.D.

Address .....

Date Sept 30 1907

Place of Burial Our Cathedral

Date Oct 1 1907

Undertaker Martin Kirby & Son

Address 606 Eutaw St Cor.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B C 5175

1511

C 5175

CERTIFICATE OF DEATH.

Place of Death.) No. 41 Vincent Lane (Back) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Ryan

{ Residence, if in Baltimore, Give Street and Number. } St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: 1

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: (

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

Address .....

Filed 10/1st 1907

HARRY C. ARNOLD Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1907

I HEREBY CERTIFY, That I attended deceased from .....190..... to .....190.....

that I last saw h..... alive on .....190.....

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Insanition

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) P F Monte M.D.

Address .....

Date Sept 29 1907

Place of Burial New Cathedral

Date ~~Sept~~ Oct. 1 1907

Undertaker Martin Coyle Son.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 14 — C 5176 — Registered No. B C 5176

1511

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asyl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anthony Allen

{Residence, if in Baltimore, Give Street and Number.} St Vincents

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: years, months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/1st 1907 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Madden M.D.

Address

Date Sept 30 1907

Place of Burial Loudon Cathedral

Date Sept, October 1907

Undertaker Martin Nagel Son

Address 106 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 Registered No. B C 5177

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 Hanover St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanford V. Bullen

{ Residence, if in Baltimore, Give Street and Number. } 206 Hanover St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Don't know 1	
AGE: 66 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Queen Anne Co Md	
FULL NAME OF FATHER: don't know	
BIRTHPLACE OF FATHER (State or country): don't know	
MAIDEN NAME OF MOTHER: don't know	
BIRTHPLACE OF MOTHER (State or country): don't know	
OCCUPATION OF DECEASED: Sailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbert Bullen (son)

(Address) 206 Hanover St

Filed Oct 1st 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 28 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....;

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull accidental fall

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. McSherry M.D.

Address Coroner

Date September 30. 1907.

Place of Burial Stevensville Queen Anne County

Date Oct 1st 1907

Undertaker J. H. Krause

Address 1975 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B C 5178

CERTIFICATE OF DEATH. 1761

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jerome Boone

{Residence, if in Baltimore, Give Street and Number.} A. A. County

Duration of Residence in Baltimore. 27 days

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Farmhand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/1 1907

EMERY C. ANDREW PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 5.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Blood Poison due to pistol shot wounds.

(DURATION) DAYS

Contributory (Primary.) (Wound received in fight 9/25)

(DURATION) DAYS

(Signed) Dr. Joseph Carroll M.D.

Address Coroner

Date Sept 30 — 07 1907

Place of Burial Magothy A. A. Co

Date Oct 1 1907

Undertaker Armstrong & Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5179

Registered No. B 120

City of Baltimore, (No. 1917, Pulaski St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Wm. H. Hughes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April (Month) 21st (Day) 1842 (Year)

AGE: 65 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Hughes

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lora Pancoast

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hughes

(Address) 1917 Pulaski St

Filed 10/1st 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 29th (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 6th 1907 to Sept 29th 1907 that I last saw h im alive on Sept 29th 1907, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

3 years (DURATION) ~~DAYS~~

Contributory ~

(DURATION) ~ DAYS

(Signed) Eugene Douglass M. D.

Sept 30 1907 (Address) 830 W. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Friends Cemetery | DATE OF BURIAL: 10-1st 1907

UNDERTAKER: J. W. H. Gaultrip | ADDRESS: North & Gilmore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 C 5180 Registered No. B C 5180

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gladys Price

{Residence, if in Baltimore, Give Street and Number.} 728 South Dallas Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Factory Hand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Horrigan

(Address) 728 S. Dallas St

Filed 10/1/07 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 30 1907 to Sept 30 1907 that I last saw her alive on Sept 30 1907, and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Perforation

Broncho Pneumonia

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) DAYS

(Signed) Wilbur D. Gatch M.D.

Address Johns Hopkins Hospital

Date September 30 1907

Place of Burial Trinity Cem.

Date Oct. 2nd 1907

Undertaker Arundell Lippel & Son

Address 330 S. Broad St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward V C 5181 Registered No. B C 5181

CERTIFICATE OF DEATH. 1051

(Place of Death.) No. 1632 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Ward

{Residence, if in Baltimore, Give Street and Number.} # 1632 Lancaster St

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Mar. 11th, 1907

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Geo. Ward

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Lora Schultz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Ward

(Address) 1632 Lancaster St

Filed 10/1 1907 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30th, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 3 1907 to Sept. 30 1907 that I last saw h[im] alive on Sept. 30 1907, and that death occurred, on the date stated above, at 3.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Johnst. Rehberger M.D.

Address #1709 Alice Anna St.

Date Sept. 30th, 1907

Place of Burial St. Patrick's

Date Oct. 2" 1907

Undertaker Wendell Lipfert & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 C 5182 Registered No. B C 5182

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1722 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmine Gerland.

{ Residence, if in Baltimore, Give Street and Number. } 1722 Patapsco

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 15th 1837

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Eiert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelm

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Gerland

(Address) 1722 Patapsco St

Filed 10/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29th 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28th 1907 to Sept 29th 1907 that I last saw h er alive on Sept 27th 1907, and that death occurred, on the date stated above, at 11.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Old age with general debility

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. F. Hawkins M.D.

Address 160 S Light St

Date Sept 29th 1907

Place of Burial Cedar Hill Cemetery

Date Oct 1 1907

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5183 Registered No. B C 5183

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor Forrest & Fampon St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Darius L Brooks

{ Residence, if in Baltimore, Give Street and Number. } Forrest & Fampon sts

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Wm Brooks

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Achsah A. Litzinger

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: ~~Balto City~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm P. Brooks

(Address) Woodberry ave

Filed 10/1 1907 HARRY C. AMBRENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29, 1907

I HEREBY CERTIFY, That I attended deceased from Chronic Cases 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2-30 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N. Caroline st.

Date Oct 1st 1907

Place of Burial St Marys Hampden

Date Oct 1 1907

Undertaker J. E. C. Kenworth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — C 5184 — Registered No. B C 5184

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. Frederick st dock (Bonnells Wharf) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benj. Flax

{ Residence, if in Baltimore, Give Street and Number. } 302 S. High st

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: White

DATE OF BIRTH: 1

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Emanuel Flax

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Nakeman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jack Flax

(Address) 302 S. Spring st

Filed 10/1st 1907 HARRY C. ARMS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from Coroners Case 190 to — 190

that I last saw h alive on — 190 —,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. Sotsky Coroner M.D.

Address 216 N Caroline st

Date Oct 1st 1907

Place of Burial Holman Hebrew Cemetery

Date Oct 1 1907

Undertaker Max Levinson

Address 620 N Eden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 22 C 5185 Registered No. B C 5185

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 506 Dover st St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Estella. A. Rinker

{Residence, if in Baltimore, Give Street and Number.} 506 Dover st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: August 28 1907

AGE: 0 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert L. Rinker

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Catherine A. Brown

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Joerdens

(Address) 217 S. Pecan

Filed 10/1 1907 HENRY C. ARDENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30, 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Sept 29 1907 that I last saw her alive on Sept 29, 1907, and that death occurred, on the date stated above, at 3.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Malnutrition (Marasmus.) (DURATION) 28 DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date Sept. 30, 1907

Place of Burial Cedar Hill Cem.

Date Oct 1 1907

Undertaker Jos. Joerdens, Son

Address 217 S. Pecan st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, 502

Ward 7 C 5186 Registered No. B C 5186

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 833 Clifford St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Getson (Getsow)

{Residence, if in Baltimore, Give Street and Number.} 833 Clifford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 6 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: George Getson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Estella Boulding

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Getson

(Address) 833 Clifford St

Filed 10/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept 15 1907 to Sept 29 1907

that I last saw h[illegible] alive on Sept 29 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastro-Enteritis

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) 14 DAYS

(Signed) J. E. Smith M.D.

Address 528 Hanover St.

Date Sept 30 1907.

Place of Burial Mt. Auburn Cem.

Date Oct. 1 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 C 5187 Registered No. B C 5187

CERTIFICATE OF DEATH.

(Place of Death.) No. 248 N. Schroeder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert H. Hosney.

{Residence, if in Baltimore, Give Street and Number.} 248 N. Schroeder St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct 2 1897

AGE: 9 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Albert Hosney

BIRTHPLACE OF FATHER (State or country): York - Pa

MAIDEN NAME OF MOTHER: Lillie B. Miles

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie B. Hosney

(Address) 248 N. Schroeder St.

Filed 10/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29th 1907

I HEREBY CERTIFY, That I attended deceased from June 24th 1907 to Sept 29 1907 that I last saw h[illegible] alive on Sept 26th 1907 and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis (DURATION) 90 DAYS

Contributory (Primary.)

Endocarditis & Arthritis (DURATION) 90 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave.

Date Balto 30th Sept 1907.

Place of Burial Mt Auburn

Date Oct 1 1907

Undertaker Jno H. Tourdeman

Address 142 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 C 5188 Registered No. B C 5188

CERTIFICATE OF DEATH.

66 V

(Place of Death.) No. 307 S. Bitter St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George H. Hughes,

{Residence, if in Baltimore, Give Street and Number.} 307 S. Bitter St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Mch — 1840

AGE: 67 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Dock + Fish Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah E. Hughes.

(Address) 307 S. Bitter St.

Filed 10/1 1907 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30th 1907

I HEREBY CERTIFY, That I attended deceased from Mch 27th 1907 to Sept 30 1907 that I last saw him alive on Sept 28th 1907 and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis (DURATION) 6 Mos.

Con'ributory (Primary.) Paralysis (DURATION) 6 Mos.

(Signed) Edward Ellicott Jr M.D.

Address 1334 W. North Ave.

Date Balto Sept 30th 1907.

Place of Burial Laurel Cemetery

Date Oct 2nd 1907

Undertaker Thos. E. White

Address 1702 Gough st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 5189 Registered No. B C 5189

91 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 615 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Henry Greene

{Residence, if in Baltimore, Give Street and Number.} 615 N. Caroline St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Green

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Ship Caulker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Green

(Address) 615 N. Caroline St

Filed 10/1 1907 HARRY C. ARMENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1907 to Sept. 29 1907 that I last saw him alive on June 15 1907, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bronchitis

(DURATION) 4 104 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. C. Thomas M.D.

Address 1100 E. Baltimore St.

Date Sept. 30 1907

Place of Burial Mt. Auburn

Date Oct. 1 1907

Undertaker Theo. E. White

Address 1702 Gough st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 27 C 5190 Registered No. B C 5190

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 575 S. Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vernin S. Hippler

{ Residence, if in Baltimore, Give Street and Number. } 575 S. Green St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 15, 1907

AGE: — years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. Owens Hippler

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Nellie Emrich

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. O. Hippler

(Address) 575 S. Green St.

Filed 10/1 1907 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1907 to Sept. 29 1907 that I last saw h in alive on Sept. 29 1907, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastro-enteritis

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. A. Crumpstein M.D.

Address 653 Columbia Ave.

Date Sept. 30, 1907

Place of Burial Forsters Conn

Date Oct 2 1907

Undertaker E. Schloman & Son

Address 1034 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 5191 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 146 W. Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Hsinger

{Residence, if in Baltimore, Give Street and Number.} 146 W. Cross St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 27th 1876

AGE: 30 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John C. Hsinger

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Catherine Schaefer

BIRTHPLACE OF MOTHER (State or country): Gery

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Hsinger

(Address) 146 W. Cross St

Filed 10/1 1907

HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 5th 1907 to Sept. 29th 1907 that I last saw h er alive on Sept 29th 1907, and that death occurred, on the date stated above, at 12 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever with Intestinal Hemorrhage

(DURATION) 25 DAYS

Contributory (Primary) Anthemia

(DURATION) 7 DAYS

(Signed) Wm Gambel M.D.

Address 1704 Madison Ave

Date Sept. 30th 1907

Place of Burial Cedar Hill Cem

Date Oct 2nd 1907

Undertaker E Schlosman Son

Address 1534 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 C 5192 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 Parkin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eloise Donaldson

{Residence, if in Baltimore, Give Street and Number.} 109 Parkin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 2 1904

AGE: 3 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Reuben Donaldson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Annie Griffith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reuben Donaldson

(Address) 109 Parkin St

Filed 10/1st 1907 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30th 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1907 to Sept. 30 1907

that I last saw h alive on Sept. 29 1907 at 6:30 A. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Scarlet Fever

(DURATION) 3 wks 6 days

~~Contributory~~ (Primary.)

Septicaemia (DURATION) 1 wk DAYS

(Signed) R. A. Warner M.D.

Address 873 N. Lombard

Date Sept. 30th 1907

Place of Burial Loudon Park

Date Oct 1 1907

Undertaker W. J. Cushman & Son

Address

WM. J. C. DULANY CO., BALTIMORE.

Dr. Warner — Condon the Parson 12 30 P. M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C 5193 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 438 W. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Henkel

{Residence, if in Baltimore, Give Street and Number.} 438 W Conway St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 14 1873

AGE 34 years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Wallace

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Louisa Fenk

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas K Henkel

(Address) 438 W Conway

Filed 10/1st 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28th 1907

I HEREBY CERTIFY, That I attended deceased from June 26th 1907 to Sept 28th 1907 that I last saw her alive on Sept 28th 1907, and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis

General Dis (DURATION) 4 DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) 21 DAYS

(Signed) H. J. Carrick M.D.

Address 1417 McCulloh St.

Date Sept. 30th 1907

Place of Burial Baltimore Cem

Date Oct 1st 1907

Undertaker W. P. Tuttle & Son

Address Cumberland Md

WM. J. C. DULANY CO., BALTIMORE.

Dr. Conway - Sharp St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1st C 5194 Registered No. B

CERTIFICATE OF DEATH C 5194 54V

(Place of Death.) No. 2826 Ellis St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Carine Kolbe

{Residence, if in Baltimore, Give Street and Number.} 2826 Ellis St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Jan 9 1887

AGE 20 years, 8 months, 19 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt Md.

FULL NAME OF FATHER John Henry Kolbe

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Georgana Fubb

BIRTHPLACE OF MOTHER (State or country) Anne Arundel Co Md.

OCCUPATION OF DECEASED Seamstress (factory)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kolbe Brother

(Address) 2805 Baltimore St.

Filed 10/8 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1907

I HEREBY CERTIFY, That I attended deceased from July 5 1907 to Sept 28 1907

that I last saw h[illegible] alive on Sept 28 1907

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac dilatation

(DURATION) 30 DAYS

Contributory (Primary.) Chronic (?)

(Secondary) Arteriosclerosis (DURATION) 9 mos.

(Signed) [signature] M.D.

Address Canton & Dillon Sts

Date Sept 30 1907

Place of Burial Oak Lawn Cem

Date Oct 2 1907

Undertaker HENRY BAKER & SONS, S. E. Cor. Broadway & Baltimore Sts. BALTIMORE, MD.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

C 5195

Ward ..... Registered No. B C 5195

CERTIFICATE OF DEATH.

271

(Place of Death.) No. 1008 S. East ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Elizabeth F. Monroe

{Residence, if in Baltimore, Give Street and Number.} 1008 S. East ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 14th 1850

AGE 57 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Zach. Rinnier

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth VanHorn

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma E. Monroe

(Address) 1008 S. East Ave

Filed 10/1 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28th 1907

I HEREBY CERTIFY, That I attended deceased from July 5th 1907 to Sept 28 1907

that I last saw h.. alive on Sept 27th 1907,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAY

Con'ributory (Primary) Tuberculosis

Entmondis (DURATION) 3 mos

(Signed) D.W. Jones M.D.

Address 3116 O'Donnell st

Date Sept 28th 1907

Place of Burial Mt Carmel Cem.

Date Oct 1 1907

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts and 1705-1710 Central Avenue

HARRY O. ARMSTRONG, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 C 5196 Registered No. B C 5196

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 635 W. Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Stevenson

{ Residence, if in Baltimore, Give Street and Number. } 635 W. Conway St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 20 1862

AGE: 44 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jas. H. Plummer

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Davis.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas H Davis

(Address) 635 W. Conway St

Filed 10/1st 1907

HARRY C. ARNOLD, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1907

I HEREBY CERTIFY, That I attended deceased from August 18 1907 to Sept 28 1907 that I last saw her alive on Sept 28 1907, and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis.

(DURATION) 3 DAYS

Contributory (Primary.) Acute Inflamatory Rheumatism (DURATION) 42 DAYS

(Signed) W. A. O'Neill M.D.

Address 1315 Hollins St

Date Sept 30 1907

Place of Burial Loudon Park Cem

Date Oct 1 1907

Undertaker W. Ecker & Son

Address Camden & Pres

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — C 5197 — Registered No. B C 5197

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Mulliken St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 27 V

Full Name Thomas H. Dansbury

{Residence, if in Baltimore, Give Street and Number.} 1706 Mulliken st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male / COLOR Colored	DATE OF DEATH Sept. 28th, 1907.
DATE OF BIRTH 1845	I HEREBY CERTIFY, That I attended deceased from Sept. 3 1907 to Sept. 28 1907
AGE 62 years, months, days	that I last saw h[e]r alive on Sept. 28 1907,
~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED~~	and that death occurred, on the date stated above, at 9 P. M.
BIRTHPLACE (State or country) Balto. Md.	CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER James H. Dansbury	Asthenia
BIRTHPLACE OF FATHER (State or country) Balto. Md.	(DURATION) DAYS
MAIDEN NAME OF MOTHER	Pulmonary Tuberculosis (DURATION) 2 months DAYS
BIRTHPLACE OF MOTHER (State or country)	Contributory (Primary.)
OCCUPATION OF DECEASED Preacher	(Signed) Hattie H. A. Mey M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 1031 N. Caroline st
(Informant) Samuel Aguilla	Date Sept 29th 1907.
(Address) 714 N. Central ave.	Place of Burial Asbury Cemetery
Filed 10/1st 1907 HARRY C. ARDERY Registrar PERMIT CLERK.	Date Oct. 1st 1907
	Undertaker Chas S. Bailey
	Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 5198

City of Baltimore, (No. 719 N. Pulaski St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Thelma Tucker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 12 (Day) 1907 (Year)

AGE: — years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Glen Mills Farm Balto Co.

FULL NAME OF FATHER: Albert H Tucker

BIRTHPLACE OF FATHER (State or country): Balto County

MAIDEN NAME OF MOTHER: Mary V Powell

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V Tucker

(Address) # 719 Pulaski St

Filed 10/1 1907 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 30 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 26 1907 to Sept. 30 1907

that I last saw h e alive on Sept. 29 1907,

and that death occurred, on the date stated above, at 7 A M. The CAUSE OF DEATH was as follows:

Gastro Enteric Intoxication

(DURATION) DAYS

Contributory Convulsions

(DURATION) DAYS

(Signed) J. B. Jones M. D.

Sept 30 1907 (Address) 1800 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Oct 1 1907

UNDERTAKER: Robt J Turner | ADDRESS: 1742 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within

Ward ..... Registered No. B 994

C 5199

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Kelly

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/1 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1907 to Sept 30 1907 that I last saw h alive on Sept 30 1907, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) ..... DAYS

(Signed) Robt. P. O Bay M.D.

Address Bay View

Date Sept 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date SEP 30 1907 190

Undertaker Wm. J. Howden

Address 1811 Aisken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE

223

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within

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Filed 10/1

Ward ..... C 5200 Registered No. B ..... C 5200

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ole Norman

{ Residence, if in Baltimore, Give Street and Number. } Bay View

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Norway

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Singer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/1 1907 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 27 1907 to Sept 29 1907 that I last saw h alive on Sept 29 1907, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Embolism

(DURATION) — DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 30 1907

Place of Burial JOHNS HOPKINS HOSPITAL, SEP 30 1907

Date 190

Undertaker Wm. J. Wooden

Address 1810 Aiken St

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

224

Ward 21 C 5201 Registered No. B C 5201

61 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 1328 James St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hilda M Battenfeld

{Residence, if in Baltimore, Give Street and Number.} 1328 James St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas Battenfeld

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lilian Rupp

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 W. Lombard

Filed 10/1 1907 HARRY G. ARGENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 30 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Sept 30 1907

that I last saw h alive on Sept 29 1907

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Meningitis

(DURATION) 5 DAYS

Contributory (Primary.) Spasms

Convulsions (DURATION) DAYS

(Signed) Jos. E. Ames M.D.

Address 833 Columbia Ave

Date Sept 30 1907

Place of Burial Loudon Park

Date Oct 2nd 1907

Undertaker John Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5202 Registered No. B C 5202

CERTIFICATE OF DEATH.

15 V

(Place of Death.) No. 1013 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jane Virginia Kines.

{Residence, if in Baltimore, Give Street and Number.} 1013 Linden Ave.

Duration of Residence in Baltimore. 1 month 6 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 24th 1907

AGE: — years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Louis McKim Kines

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Juanita Barnes August

BIRTHPLACE OF MOTHER (State or country): Fairfax Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Howard Dyckman M.D.

(Address) 539 N. Carrollton Ave

Filed 10/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 30th 1907

I HEREBY CERTIFY, That I attended deceased from August 24th 1907 to Sept 30th 1907 that I last saw h[illegible] alive on Sept 30th 1907, and that death occurred, on the date stated above, at 5 45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition due To Premature Birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Howard Dyckman M.D.

Address 539 N. Carrollton Ave

Date Sept 30th 1907

Place of Burial Cathedral ~~Bonne Brea~~ Cem.

Date Oct 1st 1907

Undertaker Geo G Smith Co

Address 1000 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 C 5203 Registered No. B

CERTIFICATE OF DEATH.

1764

(Place of Death.) No. 706 E 21st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Gilbert~~ William Hollifield

{Residence, if in Baltimore, Give Street and Number.} 706 E. 21st St

Duration of Residence in Baltimore. Life = 10 hours

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Oct~~ Sep 30 1907

AGE: 10 hours (.....years, ...months, ...days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Sam'l F. Hollifield

BIRTHPLACE OF FATHER (State or country): Elkton City, Md,

MAIDEN NAME OF MOTHER: Mae Gilbert

BIRTHPLACE OF MOTHER (State or country): Stanford Co Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Tracy A Gordon

(Address) 706 E 21st

Filed 10/1/07 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1907

I HEREBY CERTIFY, That I attended deceased from Sep 30 1907 to Oct 1 1907 that I last saw h~~im~~ alive on Oct 1 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Presume during birth.

(DURATION) 10 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hm J Walsh M.D.

Address 2128 St Paul

Date Oct 1 1907 1907

Place of Burial Aberdeen Md

Date Oct 1 1907

Undertaker Wm Cook

Address 1026 South Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 10 C 5204 Registered No. B C 5204

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rudolph Stueler

{Residence, if in Baltimore, Give Street and Number.} 1828 W Mosher St

Duration of Residence in Baltimore. 12 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ———

AGE: 44 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Architect

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Guion

(Address) Brooklyn N.Y.

Filed 10/1 1907 HARRY C. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from Sept 1 1907 to Sept 30 1907

that I last saw him alive on Sept 30 1907,

and that death occurred, on the date stated above, at 4.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 1 DAYS

Contributory (Primary) Hypertrophied prostate (DURATION) years DAYS

(Signed) J. Conner M.D.

Address St Josephs Hosp

Date Sept 30 1907

Place of Burial Jersey City. N.J.

Date Oct 2 1907

Undertaker Wm Cook

Address 1028 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C 5205 Registered No. B C 5205

154 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 2230 Cambridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Kiemig

{Residence, if in Baltimore, Give Street and Number.} 2230 Cambridge St

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH [redacted] Unknown

AGE 69 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Meier

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Ina Whitehurst

(Address) 724 Shelton Ave

Filed 10/1 1907 HARRY C. ANDERSON Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30th 1907

I HEREBY CERTIFY, That I attended deceased from July 15th 1907 to Sept 30th 1907 that I last saw her alive on Sept 28th 1907, and that death occurred, on the date stated above, at 3-15 a. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion -

Pellagra (DURATION) DAYS

Contributory (Primary) Fracture Femur (DURATION) DAYS

(Signed) C. V. Bliss M.D.

Address 2 Hudson Pl

Date Sept 30th 1907

Place of Burial Schwartz's Cemetery

Date October 3rd 1907

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 C 5206 Registered No. B C 5206

CERTIFICATE OF DEATH.

12.0 V

Place of Death.) No. 716 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Katherine Munder

{ Residence, if in Baltimore, Give Street and Number. } 716 E Preston

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Peters

(Address) 1744 E Eden

Filed 10/1 1907 HARRY C. ARMENS, CITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30, 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1907 (6.30 P.M.) to Sept. 30, 1907 (7.30 P.M.)

that I last saw h 21 alive on " " 1907,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

(Chronic interstitial Nephritis & Bright's)

2 years (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) H. A. Hartman M.D.

Address 1131 N Caroline St.

Date October 1, 1907

Place of Burial London Park

Date October 3 1907

Undertaker Jno. Cook

Address 802 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 V

CERTIFICATE OF DEATH.

Registered No. BC 5207

City of Baltimore, (No. 1127, Madison Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augusta T. Thompson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single —

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Saml. T. Thompson

BIRTHPLACE OF FATHER (State or country): Md —

MAIDEN NAME OF MOTHER: Caroline Scott

BIRTHPLACE OF MOTHER (State or country): Md —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Saml Carroll

(Address) 1225 Guilford Ave

Filed 10/1/07 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 28 1907 to Sept. 30 1907

that I last saw h~~er~~ alive on Sept. 30 1907,

and that death occurred, on the date stated above, at 7.30 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Immediate Cause

Asthenia

(DURATION) — DAYS

Contributory Pneumonia

(DURATION) DAYS

(Signed) Wm. M. Bumebaker M. D.

Oct. 1, 1907 (Address) 1209 Mad. ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: Oct 2 1907

UNDERTAKER: Lowe Cook | ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 C 5208 Registered No. B C 5208

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Mary Lillie Gough

{Residence, if in Baltimore, Give Street and Number.} 780 South Ann St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: June 6th 1902

AGE: 15 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm Fred Gough

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Eleanora Gough

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eleanora Gough

(Address) 780 Sarah Ann st.

Filed 10/1 1907 DANIEL C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 30th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28th 1907 to Sept 30th 1907 that I last saw h[illegible] alive on Sept 30th 1907 and that death occurred, on the date stated above, at 4.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Septicemia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date 190

Place of Burial St Peters Cemetery

Date October 2nd 1907

Undertaker Felix B. Pye

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5209 Registered No. B C 5209

CERTIFICATE OF DEATH.

47

Place of Death.) No. [illegible] Union Protestant Inf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name [illegible]

{ Residence, if in Baltimore, Give Street and Number. } 807, Pennsylvania Ave, Balto Md

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1901	
AGE: [illegible] years, [illegible] months, [illegible] days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Frank Kunkowski	
BIRTHPLACE OF FATHER (State or country): Poland	
MAIDEN NAME OF MOTHER: Valery Kupska	
BIRTHPLACE OF MOTHER (State or country): Poland	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kunkowski

(Address) 807 Penn Ave

Filed 10/1st 190 7 HARRY C. ARMSTRONG PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 1st 190 7

I HEREBY CERTIFY, That I attended deceased from Sept 1st 190 7 to Oct 1st 190 7

that I last saw h[illegible] alive on Oct 1st 190 7,

and that death occurred, on the date stated above, at 11:45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease. Obstruction

[illegible] (DURATION) [illegible] DAYS

Contributory (Primary.) Endocarditis

[illegible] (DURATION) [illegible] DAYS

(Signed) Peregrine Wroth Jr. M.D.

Address 810 E. 15th Lombard

Date Oct 1st 190 7

Place of Burial Holy Rosary

Date Oct. 2 190 7

Undertaker Jacob Frankowski

Address 428 S Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 C 5210 Registered No. B

CERTIFICATE OF DEATH.

151V

(Place of Death.) No. 807 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Carr

{ Residence, if in Baltimore, Give Street and Number. } 807 Madison Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Sept 30 1907
AGE	0 years, 0 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Geo. Francis Carr
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary Lehane
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Carr

(Address) 807 Madison Ave

Filed 10/1st 1907 CLERK OF ARCHIVES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Sept 30 1907 that I last saw h— alive on Sept 30 1907, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

30 minutes (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Pollard LaBare M.D.

Address 1903 N. North Ave

Date Oct 1 1907

Place of Burial St Peters Cemetery

Date Oct 2nd 1907

Undertaker Chas E Franch

Address 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 C 5211 Registered No. B C 5211

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Stockton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Hilda Chesley

{ Residence, if in Baltimore, Give Street and Number. } 1114 Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH ..... 1 .....

AGE ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Chesley

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Alice Penn

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Chesley

(Address) 1114 Stockton St

Filed 10/1st 1907 HARRY C. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Sept 30 1907

that I last saw h[er] alive on Sept 29 1907,

and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate) Gastro Enteritis

(DURATION) 2 DAYS

Contributory (Primary) Convulsions

(DURATION) 1 DAYS

(Signed) Irvin Church M.D.

Address 714 Park Ave

Date Oct 1 1907

Place of Burial St Peters

Date Oct 2 1907

Undertaker Edmund Smith

Address 1214 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 5212 Registered No. B C 5212

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 Bruce St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Robert A. Hancock

{Residence, if in Baltimore, Give Street and Number.} 1622 Bruce St

Duration of Residence in Baltimore. Forty-two yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH Jan. 14th 1851

AGE 46 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Henry Hancock

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Ellen Janiss

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Hancock

(Address) 1622 Bruce St.

Filed 10/1 1907 HARRY O. ANDREWS CITY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Octo. 1st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died Suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address Two Log. Rd. (Towson)

Date Oct. 1st 1907

Place of Burial Mt. Auburn

Date Oct 3rd 190 ....

Undertaker Lawrence E. Wright

Address 1364 N. Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 C. 5213 Registered No. B [illegible] 179

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Edwin Smith.

{ Residence, if in Baltimore, Give Street and Number. } 1307 Andre St. Balto Md.

Duration of Residence in Baltimore. 7 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 1 1907

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Charles L. Smith

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emma Mehrer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1307 Andre St

Filed Oct 2nd 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30th 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Sept 30 1907

that I last saw h[illegible] alive on Sept 30 1907,

and that death occurred, on the date stated above, at 7.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 1 day

Contributory (Primary.) [illegible]

(DURATION) ..... DAYS

(Signed) Peregrine Wroth Jr. M.D.

Address [illegible]

Date Sept 30 1907

Place of Burial Cedar Hill

Date Oct. 2 1907

Undertaker E Hasle

Address 115 E West St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1

C 5214 Registered No. B C 5214

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1514 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis C. Crowley

{Residence, if in Baltimore, Give Street and Number.} 1514 Aisquith St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 10 1907

AGE: ..... years, 8 months, 20 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Louis B. Crowley

BIRTHPLACE OF FATHER (State or country): Chicago Ill.

MAIDEN NAME OF MOTHER: Florence M. Butler

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis B. Crowley

(Address) 1514 Aisquith St.

Filed 10/2 1907 MARK C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Sept 30 1907 that I last saw h[e] alive on Sept 30 1907, and that death occurred, on the date stated above, at 8:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteric colitis, Chronic,

(DURATION) 45 DAYS

Contributory (Primary.) Exhaustion

(DURATION) ? DAYS

(Signed) A G Breen M.D.

Address 214 E Preston

Date Aug 1st 1907

Place of Burial Louden Park

Date Oct 2 1907

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

105 V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5215

City of Baltimore, (No. 1935, E. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Heineman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 6th (Day) 1907 (Year)

AGE: ____ years, 4 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: August Heineman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Fiedler

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hoeck Sr

(Address) 1301 Eager St

Filed 10/2 1907

HARRY O. ABERNETHY, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 30th (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23rd 190 7 to Sept 30th 190 7

that I last saw h[illegible] alive on Sept 30th 190 7,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Hemorrhage from Enteritis

(DURATION) ____ DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) John Gorsuch M. D.

Sept 30 1907 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 2 1907

UNDERTAKER: Henry Hoeck & Son — ADDRESS: 1301 E Eager St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1796

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5216

City of Baltimore, (No. #1736 Hoffman Place Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wadalina Fatch

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May (Month) 16 (Day) 1906 (Year)
AGE	1 years, 4 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Louis Fatch
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Grace Pruett
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Fatch

(Address) 1736 Hoffman Place

Filed 10/2 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from July 21st 1907 to Sept 30th 1907 that I last saw her alive on Sept 22nd 1907, and that death occurred, on the date stated above, at 6a.m. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 3 mo 1 DAYS

Contributory (DURATION) DAYS

(Signed) John J Fitch M. D.

Oct 2 1907 (Address) 936 E. Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 2 1907
UNDERTAKER	ADDRESS
Henry Hoeck & Son	1301 E Eager St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, the Physician who attended during his or her last sickness, or the Coroner, when the case has been under his care, or the Undertaker, or other person superintending the burial, shall, within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, or to the Registrar of Vital Statistics, as the case may be, certify to the facts of the death, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the perso

Ward V C 5217 Registered No. B C 5217

164 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1737 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William J. McCullough

{Residence, if in Baltimore, Give Street and Number.} 1737 E Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 16 1828

AGE: 79 years, 5 months, 14 days

07 / 79 / 28

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John McCullough

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. R. McCullough

(Address) 1737 E. Lombard st

Filed 10/2 1907 HENRY O. ARMENS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: OCT 1 1907 190

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1907 to Oct. 1 1907

that I last saw him alive on Sept. 30 1907,

and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Sprain fracture of R. Ankle complicating broncho pneumonia

(DURATION) 31 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. G. Rieck M.D.

Address two E. Balt. st

Date OCT 1 1907 1907

Place of Burial West Nottingham Md

Date Oct 3rd 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 167 C 5218 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Nick

{Residence, if in Baltimore, Give Street and Number.} 2 Weeks - 424. W. Mason Ave York, P. A.

Duration of Residence in Baltimore. 2 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: black

DATE OF BIRTH: —— 1

AGE: 1 years, 7 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): York Pa

FULL NAME OF FATHER: Stewart Nick

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Eliza Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Eliza Nick

(Address) York P A

Filed 10/2 1907 MARY C. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1907

I HEREBY CERTIFY, That I attended deceased from Sept 12 1907 to Oct 1 1907 that I last saw her alive on Oct 1 1907, and that death occurred, on the date stated above, at 12 15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Tuberculosis.

(DURATION) 28 DAYS

(Signed) Geo. R. Jones M.D.

Address Md. Homoeo - Hospital

Date Oct. 1 1907

Place of Burial York P.A.

Date October 2 1907

Undertaker P. J. Eckhardt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

07 79 28

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5219 Registered No. B C 5219

66 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 3025 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Beaten

{ Residence, if in Baltimore, Give Street and Number. } 3025 O'Donnell st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Aug 25, 1860

AGE 47 years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Malcolm Beaten

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Mary Gardner

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Shipcarpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Beaten

(Address) 3025 O'Donnell

Filed 10/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 = 1907

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Sudlier Coroner M.D.

Address 320 ½ Greene St

Date 190

Place of Burial Oak Lawn Cem.

Date Oct 3d 1907

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 C 5220 Registered No. B C 5220

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 510 Elbow Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Walter Moody

{Residence, if in Baltimore, Give Street and Number.} 424 W. Henrietta St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas Moody

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mamie Dorsey

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Moody

(Address) 424 Henrietta St.

Filed 10/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from several weeks ago to Sept 30 1907

that I last saw him alive on Sept 30 1907

and that death occurred, on the date stated above, at 130 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Sept 30 1907

Place of Burial Mt Auburn

Date Oct 3 1907

Undertaker Jno H. Fowler

Address 1423 West Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 47 C 5221 Registered No. B C 5221

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred Hospital or institutio give its Name insta of Street and Numbe

Full Name George Keyes

{ Residence, if in Baltimore, Give Street and Number. } Clarksville Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: Wh W
DATE OF BIRTH: 1	
AGE: 41 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/2 1907 HARRY C. ADKINS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 190

I HEREBY CERTIFY, That I attended deceased fr
Sept 10 1907 to Sept 27 190
that I last saw h im alive on 9-27-1 190 7
and that death occurred, on the date stated above, at 2:
P M. CAUSE OF DEATH (Secondary or Immediat
Cardiac Asthenia

6 hrs. (DURATION) DA

Con tributory (Primary) Typhoid Fever
with Peritonitis (DURATION) DA

(Signed) E. R. Billups M.

Address University Hospital

Date Sept. 30. 190

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 1 - 1907 190

Undertaker Commissioner Health.

Address Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

225

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

48 V

CERTIFICATE OF DEATH.

C 5222

Registered No. B.....

City of Baltimore, (No. Balto City Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Boyle.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) Unknown (Day) ..... (Year)

AGE: 58 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Pa –

FULL NAME OF FATHER: Samuel Moore

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Boyle.

(Address) 1014 Hillen St.

Filed 10/2 1907

HARRY C. ADDEMS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 1st 1907
(Month) Oct (Day) 1st (Year) '07

I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1907 to Oct. 1st 1907 that I last saw her alive on Sept. 30th 1907, and that death occurred, on the date stated above, at 12 30 P.M. The CAUSE OF DEATH was as follows:

A Fall and nervous shock

..... (DURATION) ..... DAYS

Contributory Infirmity with Chronic Rheumatism for some years (DURATION) ..... DAYS

(Signed) Jno Bowie Boyle M. D.

Oct 1st 1907 (Address) 104 S. Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1014 Hillen St. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Patricks	Oct 4, 1907
UNDERTAKER	ADDRESS
H. C. Heidefeld	914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 5223 Registered No. 13 .....

784

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Loughman

{ Residence, if in Baltimore, Give Street and Number. } Bay View

C.5223

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/2 1907 MARY C. AMBERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1907 to Sept 30 1907

that I last saw him alive on Sept 30 1907,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilitation

..... (DURATION) ..... DAYS

Contributory (Primary.) Endocarditis

..... (DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Sept. 30 1907

Place of Burial St Vincents Cemtery.

Date Wednesday Oct 2, 1907

Undertaker Evans & Spence

Address 1180 120 W. Mt Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 3351 Registered No. B

CERTIFICATE OF DEATH.

932

(Place of Death.) No. Baltimore City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William W. Snyder -

{Residence, if in Baltimore, Give Street and Number.} 3457 Cedar Ave -

Duration of Residence in Baltimore. Life. C. 5 2 DH

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male - | COLOR: White.

DATE OF BIRTH: Mch - 24th 1848

AGE: 59 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. E. Chenoweth.

(Address) 919 3d Ave.

Filed 10/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 1 - 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Oct 1 - 1907 that I last saw h- alive on Oct 1 1907, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia -

(DURATION) - DAYS

Contributory (Primary) Exhaustion.

(DURATION) - DAYS

(Signed) W. H. Eaken M.D.

Address Balto City Hospital.

Date Oct 1 - 1907

Place of Burial Sykesville Md

Date Oct 3d 1907

Undertaker Wm. E. Chenoweth & Son

Address 919 3d Ave. Balto Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 C 5225 Registered No. B C 5225

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Whitelock St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hadley Sorrell

{Residence, if in Baltimore, Give Street and Number.} 1404 Whitelock St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE ~~years~~, 2 months, 3 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Albert E Sorrell

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Adie V Griswold

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert E Sorrell

(Address) 1407 Whitelock St

Filed 10/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Oct 2 1907 that I last saw h in alive on Oct 1 1907 and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate)

Insanitum

Stomatitis (DURATION) DAYS

Con'ributory (Primary) Depressive insanity from [illegible] (DURATION) DAYS

(Signed) Theodore Lentz M.D.

Address 914 N Charles St

Date 190

Place of Burial Baltimore Cem

Date 10/2/ 1907

Undertaker J. W. Bell

Address 43 W Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5226 Registered No. B C 5226

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Boyd

{ Residence, if in Baltimore, Give Street and Number. } Castleton Md

Duration of Residence in Baltimore. 3 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Negro

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H. Boyd

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah F. Prigg

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Boyd

(Address) Catonsville, Md.

Filed 10/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Oct 1 1907 that I last saw h-- alive on Oct 1 1907 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

(DURATION) DAYS

Contributory (Primary.) Typhoid

(DURATION) DAYS

(Signed) Carther M Thurston M.D.

Address University Hospital

Date Oct. 2 1907

Place of Burial Catonsville Md.

Date Oct. 2nd 1907

Undertaker Alex Hensley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C. 5227

179

City of Baltimore, (No. 654 W Hoffman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: B

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Howard Johnson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mattie Brooke

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brooke

(Address) 654 W. Hoffman

Filed 10/2 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 25th 1907 to Oct. 1st 1907 that I last saw h[er] alive on Oct. 1st 1907, and that death occurred, on the date stated above, at ....M. The CAUSE OF DEATH was as follows:

Manitis

from birth (DURATION) ..... DAYS

Contributory

(DURATION) ..... DAYS

(Signed) Simon Baer M. D.

Oct. 2nd 1907 (Address) 7W Fay. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct 3 1907

UNDERTAKER: Alex H Arnold — ADDRESS: 748 N Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward X

Registered No. B C 5228

100 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 E. Collington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jackson Martin Vanburen Algenpitz

{Residence, if in Baltimore, Give Street and Number.} 308 E. Collington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 15th 1906

AGE: ..... years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel Algenpitz

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Catherine Dicht

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Algenpitz

(Address) 308 E. Collington Ave

Filed 10/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1907

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Sept 30 1907 that I last saw him alive on Sept 30 1907, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Stomatitis

about 2 Mo (DURATION) DAYS

Contributory (Primary.)

Inanitiation (DURATION) DAYS

(Signed) Geo Heller M.D. M.D.

Address 1937 Gough St

Date Oct 1 1907

Place of Burial Oak Lawn Cemetery

Date Oct 2 1907

Undertaker A Lowndes Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6/1 C 5229 Registered No. Bel C 5229

CERTIFICATE OF DEATH.

19 1/

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Nellie Nelson

{Residence, if in Baltimore, Give Street and Number.} 554 N. McMechen st

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1855

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Talbot Co Md

FULL NAME OF FATHER: Robert Gwinn

BIRTHPLACE OF FATHER (State or country): Talbot Co Md

MAIDEN NAME OF MOTHER: Jane Tilkerson

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Bantley

(Address) 1139 Woodyear

Filed 10/2 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 1 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1907 to Oct 1 1907 that I last saw h.er alive on Oct 1 1907 and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.)

Metroaortic insufficiency (DURATION) DAYS

(Signed) J. H. Legg M.D.

Address University Hospital

Date October 2 1907

Place of Burial Laurel Cemetery

Date Oct. 3rd 1907

Undertaker Chas G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 C 5230 Registered No. B C 5230

441

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Max Goldsmith

{Residence, if in Baltimore, Give Street and Number.} 411 N Gay St.

Duration of Residence in Baltimore. 30 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Cumberland Md.

FULL NAME OF FATHER Jacob Goldsmith

BIRTHPLACE OF FATHER (State or country) Barania Germany

MAIDEN NAME OF MOTHER Henrietta Goldsmith

BIRTHPLACE OF MOTHER (State or country) Bavaria Germany

OCCUPATION OF DECEASED Merchant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Kahn Goldsmith

(Address) 411 N. Gay Street

Filed 10/2 1907 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from May 1907 to Sept 1907 that I last saw him alive on Sept 30 1907, and that death occurred, on the date stated above, at 10:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of heart & face

(DURATION) 2½ yrs DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Benj. S. Stanglen M.D.

Address 216 N. Carrollton Ave.

Date Oct. 1st 1907

Place of Burial Oak Hollow Cem

Date Oct 2 1907

Undertaker David Sondheim

Address 923 Madison Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W C 5231 Registered No. B C 5231

64 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Md University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs S Harris

{Residence, if in Baltimore, Give Street and Number.} 720 W Fayette St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 49 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Isaac Harris

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. L. Little

(Address) 831 E Fremont St

Filed 10/2 1907 HARRY C. ARMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1907

I HEREBY CERTIFY, That I attended deceased from a Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 24 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. Madden M.D.

Address Coroner

Date Oct 2 1907

Place of Burial Cambridge Md

Date Oct 2 1907

Undertaker Geo. L. Little

Address 831 E Fremont

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5232

City of Baltimore, (No. 36 Morley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sadie E. Burness

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Jan. (Month) 27 (Day) 1873 (Year)

AGE: 34 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.Md.

FULL NAME OF FATHER: Francis Metcalf

BIRTHPLACE OF FATHER (State or country): Balto.Md.

MAIDEN NAME OF MOTHER: Isabelle Owings

BIRTHPLACE OF MOTHER (State or country): Balto.Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward C. Burness

(Address) 36 Morley St.

Filed 10/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep. 30, (Month) (Day) 1907, (Year)

I HEREBY CERTIFY, That I attended deceased from May 22 1907 to Sep. 30 1907, that I last saw her alive on Sep. 29 1907, and that death occurred, on the date stated above, at 2.15 p.m. The CAUSE OF DEATH was as follows:

Heart failure + Senile exhaustion (DURATION) 2 DAYS

Contributory Pulmonary tuberculosis (DURATION) 2 yrs ~~DAYS~~

(Signed) H. M. Stevenson M. D.

Oct. 1 1907 (Address) 431 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Oct. 2 1907
UNDERTAKER	**ADDRESS**
George W. Little	531 N. Fremont Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 C 5233 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 108 Baldwin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alvin G. Morris

{ Residence, if in Baltimore, Give Street and Number. } 108 Baldwin St

Duration of Residence in Baltimore. 2 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH Apr 19 1906

AGE 1 years, 5 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Thomas R. Morris

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Violet M. Taylor

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) T. R. Morris

(Address) 108 Baldwin St

Filed 10/2 1907 HENRY O. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Oct 1 1907

that I last saw him alive on Oct 1 1907,

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 11 DAYS

Contributory (Primary.) Indigestion (DURATION) 90 DAYS

(Signed) E. C. Wantz M.D.

Address 765 - 3rd Ave

Date Oct 2 1907

Place of Burial St Mary's

Date Oct 3 1907

Undertaker V. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 5234

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1111 N. Gay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sulvinia L. Curtain

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 6th 1884 (Month) (Day) (Year)

AGE: 23 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Benjamin S. Dallam

BIRTHPLACE OF FATHER (State or country): Harford Co.

MAIDEN NAME OF MOTHER: Mary E. McNeir

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Curtain

(Address) 1111 N. Gay St.

Filed 10/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 30 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 4 1907 to Sept 30 1907 that I last saw h alive on " " 1907, and that death occurred, on the date stated above, at 11.15 A. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 1/2 DAYS

Contributory Acute Nephritis

Eight weeks (DURATION) DAYS

(Signed) E. L. Peterson M. D.

Sept 30 1907 (Address) 1102 N. Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto. Cem.	10/3 1907
UNDERTAKER	ADDRESS
Henry Flom	Orleans

LR

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. C 5235 99

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Farrell

{Residence, if in Baltimore, Give Street and Number.} Bay View.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 10/2 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 24 1907 to Oct. 1 1907 that I last saw him alive on Oct 1 1907, and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis

(DURATION) ..... DAYS

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct. 1 1907

Place of Burial Sacred Heart.

Date October 3" 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B C 5236

C 5236

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert F Drane (Drane)

{Residence, if in Baltimore, Give Street and Number.} 1812 E Madison

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1854

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James J Drane

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Rice

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Talbott

(Address) 701 Hopkins av

Filed 10/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Sept 1907

that I last saw h alive on Sept 29 1907,

and that death occurred, on the date stated above, at 10 30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Alex S Sage M.D.

Address 727 N Bdway

Date 190

Place of Burial New Cathedral

Date Oct 3rd 1907

Undertaker Wm E Schaeffer

Address 8 E Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward ..... Registered No. D ..... C 5237

CERTIFICATE OF DEATH.

1v

(Place of Death.) No. 702 Lennox St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Julia Agnes Codd

{Residence, if in Baltimore, Give Street and Number.} 702 Lennox st

Duration of Residence in Baltimore. all Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Jan 16 1892

AGE 15 years, 8 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER William C. Codd

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Julia Irma Mohler

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William C. Codd

(Address) 702 Lennox st

Filed 10/2 1907. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2 1907

I HEREBY CERTIFY, That I attended deceased from Sept. 8 1907 to Oct 2 1907

that I last saw h alive on October 1907

and that death occurred, on the date stated above, at 5:30

M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia Poisoning from Typho-toxine & Cardiac failure

(DURATION) 25 DAYS

Contributory (Primary.) Typhoid Fever

2 weeks (DURATION) 28 DAYS

(Signed) Hampton Baxley M.D.

Address Guilford Ave. & 20th

Date Oct 3rd 1907

Place of Burial New Cathedral Cemetery

Date Oct 4th 1907

Undertaker Stewart & Mowen Co.

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11 2 V

CERTIFICATE OF DEATH. C 5238

Registered No. B .....

City of Baltimore, (No. 708 S. Bond St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josepha Dereska

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): . . .

MAIDEN NAME OF MOTHER: Maggie Wisniewska.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hous wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Kurzatkowski

(Address) 708 S. Bond St

Filed 10 2 1907 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 26th 1907 to Oct. 1st. 1907

that I last saw h.. alive on Sept. 30th 1907,

and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Cirrhosis of the Liver

(DURATION) 3 mos DAYS

Contributory Ascites

(DURATION) 2 mos DAYS

(Signed) A. F. Reis M. D.

Oct 2nd 1907 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: Holy Rosary. DATE OF BURIAL: Oct 3 1907

UNDERTAKER: M F Sadowski ADDRESS: 703 S. Conn

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 C 5239 Registered No. B C 5239

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Oliver Edwards

{Residence, if in Baltimore, Give Street and Number.} Glenburnie G.G. Co Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Geo Edwards

BIRTHPLACE OF FATHER (State or country): Ale Co Md

MAIDEN NAME OF MOTHER: Mary Marbaee

BIRTHPLACE OF MOTHER (State or country): Ecals Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Edwards

(Address) Shifly ACCo Md

Filed 10/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to Oct 2 1907

that I last saw h~~im~~ alive on Oct 2 1907

and that death occurred, on the date stated above, at 3 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Oct. 2 1907

Place of Burial Shipley ACCo Md

Date Oct 2 1907

Undertaker Chauncey Dingle

Address 715 Eighth

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

Registered No. B C 5240

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellis Long

{Residence, if in Baltimore, Give Street and Number.} University Hospital

Duration of Residence in Baltimore. June 9 1907 C 5240

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Negro

DATE OF BIRTH: unknown 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. F. Walker

(Address) 723 N Eutaw ave

Filed Oct 3rd 1907 HARRY C. AMERSE, DEPUTY CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1st 1907

I HEREBY CERTIFY, That I attended deceased from 9/13 1907 to 10-1 1907

that I last saw h— alive on 10-1 1907

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) Typhoid

(DURATION) DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Oct 2 1907

Place of Burial Long Green Md Balto. Co.

Date Oct 2nd 1907

Undertaker G. F. Walker

Address 723. N. Eutaw ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5241

City of Baltimore, (No. St. Luke's Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME C. Henderson

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Oct 1 (Month) (Day) Year)
AGE	35 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Penna
FULL NAME OF FATHER	?
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	?
OCCUPATION OF DECEASED	machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Miller Linthicum

(Address) 1818 N. Charles St

Filed Oct 3rd 1907

HARRY C. ANDREWS, Registrar

C. F. & C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1907
(Month) (Day) (year)

I HEREBY CERTIFY, That I attended deceased from ....1907.... to ....1907....

that I last saw h.... alive on ....1907....

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Auto Accident,
Fracture Skull + Cerebral Visitation
5-6-7 Cyst ribs.
Shock. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Emil A. Lautenbergh M. D.

Oct 3 1907 (Address) 1718 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

2214-16-18-20-22

Former or Usual Residence Phila How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Springdale, Pa	Oct 3 1907
UNDERTAKER	ADDRESS
Geo J Smith & Co	1000 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 17 C 5242 Registered No. B C 5242

CERTIFICATE OF DEATH.

(Place of Death.) No. 1129 Woodley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm B. Klotz

{ Residence, if in Baltimore, Give Street and Number. } 1129 Woodley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feby. 23rd 1874

AGE: 33 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Samuel Hoffman

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: — Baden

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Klotz

(Address) 1129 Woodley St.

Filed 10/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Died Suddenly (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette ave. (Comm.)

Date Oct. 1st 1907

Place of Burial Loudon Park.

Date October 4th 1907

Undertaker C. J. Dill

Address 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. C 5243

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C 5243

Registered No. B .....

City of Baltimore, (No. 431 Conway St.; 22d Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Hays

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: col

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 29 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John H Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Merrick

(Address) 430 W conway St

Filed 10/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 — 30 — 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 7 — 7 1907 to 7 — 28 1907 that I last saw h[er] alive on 9 — 28 1907, and that death occurred, on the date stated above, at 4 el P. M. The CAUSE OF DEATH was as follows:

Chronic Enteritis

Ex Continued (DURATION) 60 DAYS

Contributory Tuberculous Phthisis

Atrophy (DURATION) 20 DAYS

(Signed) L. D. Dyer M. D.

10-1 — 1907 (Address) 1113 E. Fayette ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: asbery cemetery — DATE OF BURIAL: oct 3 1907

UNDERTAKER: Geo H Hooper — ADDRESS: 609 E Pacca

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 5244 Registered No. B C 5244

CERTIFICATE OF DEATH.

79V

(Place of Death.) No. 2421 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin J. White

{Residence, if in Baltimore, Give Street and Number.} 2421 E. Monument St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 6 — 1877

AGE 30 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Martin White

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Boyle

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W White

(Address) 2421 E. Monument St

Filed 10/3 1907 CLERK OF ABERDEEN, CIRCUIT COURT Registrar

Dr King

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2" 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Oct 1 1907

that I last saw him alive on Oct 1 1907,

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mutual Regurgitation

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Samuel J. King M.D.

Address 1432 N Patterson Park Ave

Date Oct 3 1907

Place of Burial Cathedral

Date Oct 4 — 1907

Undertaker H. C. Wiedefeld

Address 914 Gwynn Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st

C 5245 Registered No. B C 5245

CERTIFICATE OF DEATH.

61

(Place of Death.) No. 2040 Gough St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leo J. Hatter

{ Residence, if in Baltimore, Give Street and Number. } 2040 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jerome Hatter

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Leonora Hartman

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jerome Hatter

(Address) 2040 Gough St

Filed 10/3 1907 HARRY C. ARNOLD, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 1 1907

that I last saw h[illegible] alive on Oct 1 1907,

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

acute meningitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Bond

Date Oct 1 1907

Place of Burial Sacred Heart

Date Oct. 4th 1907

Undertaker Arndell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 C 5246 Register No. B ... C 5246

120 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 McCulloh St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bessie Nicodemus Steiner

{Residence, if in Baltimore, Give Street and Number.} 1624 McCulloh St

C. 6246.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: June 2 1846

AGE: 61 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): West Virginia

FULL NAME OF FATHER: Jehmiah Nicodemus

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Bessie Nicodemus

BIRTHPLACE OF MOTHER (State or country): West Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank C. Steiner.

(Address) 1624 McCulloh St.

Filed 10/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 30th 1907

I HEREBY CERTIFY, That I attended deceased from December 23rd 1906 to Sept 30th 1907 that I last saw h[er] alive on Sept 30th 1907, and that death occurred, on the date stated above, at 10.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 5 DAYS

Contributory (Primary) Ch. interstitial nephritis 14 years (DURATION) ~~DAYS~~

(Signed) E. H. Van Ness M.D.

Address 200 W. Lafayette Ave

Date October 1st 1907

Place of Burial Loudon Park Cem

Date Oct 2nd 1907

Undertaker Newsenkin & Sons Co

Address 300 W. Madison St Co Howard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 C 5247 Registered No. B

CERTIFICATE OF DEATH.

78 V

(Place of Death.) No. 1433 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Pindell

{Residence, if in Baltimore, Give Street and Number.} 1433 Jefferson st

Duration of Residence in Baltimore.....

C 5247

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1861

AGE: 46 years, ——— months ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Pindell

(Address) 1433 Jefferson st

Filed 10/3 1907 GRANT G. ASHMAN PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 — 1907

I HEREBY CERTIFY, That I attended deceased from Sep 12— 1907 to Oct 1— 1907

that I last saw him alive on Sep 30— 1907,

and that death occurred, on the date stated above, at ——— M. CAUSE OF DEATH (Secondary or Immediate.)

General Dropsy

(DURATION) 18 DAYS

Con'ributory (Primary.) Endocarditis about 1 yr (DURATION) ——— DAYS

(Signed) W. Stevens M.D.

Address 1344 Druid Hill Ave

Date Oct 2 — 1907

Place of Burial Laurel Cemetery

Date Oct 3rd 1907

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 5248 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 2808 E Balto St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Williamson (Wilkinson)

{ Residence, if in Baltimore, Give Street and Number. } 2808 E Balto St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mulatto

DATE OF BIRTH Jan 16 1850

AGE 57 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Patricia Williamson

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Eliza Robinson

BIRTHPLACE OF MOTHER (State or country) Prince Georges Co Md.

OCCUPATION OF DECEASED Messenger Coal Comp

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wilkinson

(Address) 2808 E Balto St

Filed 10/3 1907 HARRY C. ARDINGER Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1907

I HEREBY CERTIFY, That I attended deceased from Sept 9 1907 to Sept 30 1907

that I last saw h[illegible] alive on Sept 30 1907

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal hemmorhage

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid fever (DURATION) 21 DAYS

(Signed) J. W. Pierson M.D.

Address 2806 E Balto St

Date Oct. 1 1907

Place of Burial Holy Cross Cem.

Date Oct. 4th 1907

Undertaker Jno A. Inman & Son

Address Bank & Amity Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 C 5249 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2243 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanche E Wheeler

{ Residence, if in Baltimore, Give Street and Number. } 2243 Wilkens Ave

Duration of Residence in Baltimore. 12 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 22 1890

AGE 17 years, 2 months, 10 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Benjamin Wheeler

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Allie Gerber

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Allie Schaffer

(Address) 2243 Wilkens Ave

Filed 10/3/07 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1907

I HEREBY CERTIFY, That I attended deceased from July 22 1907 to Oct 2 1907 that I last saw her alive on Oct 2 1907 and that death occurred, on the date stated above, at 10 30 M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis Cerebro Spinal

(DURATION) 30 DAYS

Contributory (Primary) Influenza

(DURATION) DAYS

(Signed) Walter A Coe M.D.

Address 54 S. Fulton Ave

Date Oct 2 1907

Place of Burial Loudon Park Cem

Date October 3 1907

Undertaker Josh J Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5250 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Mitchell

{ Residence, if in Baltimore, Give Street and Number. } Bay View

C 5250

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 10/3/07

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2- 1907

I HEREBY CERTIFY, That I attended deceased from Aug 13 1907 to Oct 2 1907

that I last saw h[illegible] alive on Oct 2 1907,

and that death occurred, on the date stated above, at 11.42 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) Robt. C. Kay M.D.

Address Bay View

Date Oct 2 1907

Place of Burial Holy Cross Cem

Date Oct 3 1907

Undertaker A. G. Wickefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5251

City of Baltimore, (No. 1307, Orleans St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel Givens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: colored.

DATE OF BIRTH: May (Month) 5 (Day) 1907 (Year)

AGE: — years, 4 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Rannie Givens

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Nora Reeder

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rannie Givens

(Address) 1307 Orleans St.

Filed 10/3 1907

HARRY C. ARMSTRONG, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4 1907 to Oct 2 1907

that I last saw h— alive on Oct 2 1907,

and that death occurred, on the date stated above, at 5.45 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 6 c DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) W. W. Waite M. D.

Oct 3 1907 (Address) 1101 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cusbury a

DATE OF BURIAL: Oct 3 1907

UNDERTAKER: Wm J. G. Jackson

ADDRESS: 1421 Mullikin

WM. J. C. DULANY CO., BALTIMORE

Ward 5 C 5252 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1405 Jefferson St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Peter Ailes

{Residence, if in Baltimore, Give Street and Number.} 1405 Jefferson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 25 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/3 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1907

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 6.10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address

Date Oct 3 1907

Place of Burial Mt Zion Md

Date Oct 3 1907

Undertaker Wm J Jackson

Address 1421 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5253 Registered No. B C 5253

CERTIFICATE OF DEATH.

78V

(Place of Death.) No. 923 N. Howard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Dorsey

{Residence, if in Baltimore, Give Street and Number.} 923 N. Howard St.

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	— 1857
AGE	50 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Not Known
BIRTHPLACE (State or country)	U S
FULL NAME OF FATHER	U
BIRTHPLACE OF FATHER (State or country)	U S
MAIDEN NAME OF MOTHER	U
BIRTHPLACE OF MOTHER (State or country)	U S
OCCUPATION OF DECEASED	Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Johnson

(Address) 923 N. Howard St

Filed 10/3 1907

NANCY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 7th 1907 to Oct 2 1907 that I last saw her alive on Sept 30th 1907, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis & Dropsy (DURATION) 60 DAYS

Contributory (Primary.)

Endocarditis (DURATION) 60 DAYS

(Signed) Edward McKenzie M.D.

Address 1339 W. North Ave.

Date Balto Oct 2° 1907

Place of Burial St Peter's Cemetery

Date October 4th 1907

Undertaker Felix Blaye.

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 C 5254 Registered No. B C 5254

40 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 554 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Jones

{Residence, if in Baltimore, Give Street and Number.} 554 Orchard St

C 5254

Duration of Residence in Baltimore. One month

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: unknown 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Mackenzie Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Jones

(Address) Md.

Filed 10/3 1907 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. ~~1st~~ 2nd 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Liver

Six months (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm H Baetzman M.D.

Address 700 Log. ave. (Towson)

Date Oct. 3rd 1907

Place of Burial Annapolis Md.

Date Oct 4. 1907

Undertaker Alex Hennessy

Address 578 N. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B C 5255

City of Baltimore, (No. 413, Landers St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert L Lawrence

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 16 (Month) 16 (Day) 1906 (Year)

AGE: 1 years, 1 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Nathan Lawrence

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Adaline Mordell

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nathan L Lawrence

(Address) 413 Landers

Filed 10/3 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 2 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 15 1907 to Oct 2 1907 that I last saw h[illegible] alive on Oct 1 1907, and that death occurred, on the date stated above, at 1 P M. The CAUSE OF DEATH was as follows:

Gastro Enteritis (DURATION) 42 DAYS

Contributory Cerebral Meningitis (DURATION) 17 DAYS

(Signed) H L Hunkins M. D.

Oct 2 1907 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Chester Queen Anne Co. Md

DATE OF BURIAL: Oct 4 1907

UNDERTAKER: Armstrong Dairy Co

ADDRESS: 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the

Ward 10 Registered No. C 5256

CERTIFICATE OF DEATH.

(Place of Death.) No. The Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Howard A Kelly

{ Residence, if in Baltimore, Give Street and Number. } 1600 N Gilmor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis E Keller

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma J Parrish

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: advertising Agent.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert J Keller

(Address) 600 N Gilmor St

Filed 10/3 1907 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 3 1907

that I last saw h[illegible] alive on Oct 3 1907,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) ... DAYS

Contributory (Primary.) Chronic nephritis

(DURATION) ... DAYS

(Signed) P. W. Clough. M.D.

Address Johns Hopkins Hospital

Date Oct 3 1907

Place of Burial London Park

Date Oct 5 1907

Undertaker Geo J Smith Co.

Address 1022 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the

Ward 16 — Registered No. C 5257

CERTIFICATE OF DEATH.

C 5257

64

(Place of Death.) No. 246 N. Arlington Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Matthias Angelmier

{Residence, if in Baltimore, Give Street and Number.} 246 N. Arlington Ave

Duration of Residence in Baltimore. 62 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Mathias Angelmier

BIRTHPLACE OF FATHER (State or country): Europ

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Europ

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Angelmier

(Address) 246 N Arlington ave

Filed 10/23 1907

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 2 1907

that I last saw h— alive on Oct 2 1907

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) 3 DAYS

Contributory (Primary.) Arteriosclerosis

(DURATION) 3 DAYS

(Signed) D Norwood M.D.

Address 939 W Fayette

Date Oct 2 1907

Place of Burial Loudon Park.

Date Oct 4 1907

Undertaker Wm Cook & Co

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 C [illegible] C 5258 Registered No. B

C 5258

CERTIFICATE OF DEATH.

C 5258

(Place of Death.) No. 26 Cottage Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. H Luthicum

{ Residence, if in Baltimore, Give Street and Number. } 26 Cottage ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Apr 4 1904

AGE 3 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Herbert W Luthicum

BIRTHPLACE OF FATHER (State or country) Frederick Co Md

MAIDEN NAME OF MOTHER Laura Campbell Union

BIRTHPLACE OF MOTHER (State or country) Montgomery Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert W Luthicum

(Address) 26 Cottage Ave

Filed 10/3 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1907

I HEREBY CERTIFY, That I attended deceased from Sept 11 1907 to Oct 3 1907

that I last saw h.. alive on Oct 3 1907,

and that death occurred, on the date stated above, at a m. CAUSE OF DEATH (Secondary or Immediate)

coma and

Exhaustion

(DURATION) 4 DAYS

Contributory (Primary.) Meningitis.

Tuberculosis (DURATION) 21 DAYS

(Signed) C Abercrombie M.D.

Address Dr's professional duty

Date Oct 3 1907

Place of Burial Loudon Park

Date Oct 5 1907

Undertaker Lowe Cook

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 24. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 7 — Registered No. B C 5259

C 5259

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 S. Stockholm St. — St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Charles H. Rudolph

{Residence, if in Baltimore, Give Street and Number.} 400 S. Stockholm St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 3 1870

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Rudolph

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Fermann

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Polisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Regina Rudolph

(Address) 400 S. Stockholm St

Filed 10/3 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 1907 to Oct 2 1907

that I last saw him alive on Oct 1st 1907, 8:10

and that death occurred, on the date stated above, at — M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

Shock

(DURATION) 1 DAYS

(Signed) Edw Gruenplatz M.D.

Address 817 Scott St

Date Oct 3 — 1907

Place of Burial Schwartz Cem

Date Oct 4 1907

Undertaker Wm Boyd & Co

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1870
37

Ward 17 — Registered No. B C 5260

C 5260

CERTIFICATE OF DEATH.

(Place of Death.) No. 2219 Hunters Alley St.

(If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John Brown

{Residence, if in Baltimore, Give Street and Number.} 2219 Hunter alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/3 1907 HARRY C. ADAMS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

... (DURATION) ... DAYS

Contributory (Primary)

... (DURATION) ... DAYS

(Signed) Walter Williams M.D.

Address 1818 E. Chase St

Date Oct 2 1907

JOHNS HOPKINS HOSPITAL OCT 3 - 1907 Commissioner Health

Place of Burial

Date ... 190 ...

Undertaker

Address Health Dept

POR ANATOMICAL PURPOSES

Morgue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 C 5261 Registered No. B 1516

CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 W Balto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul E & Mollie A Rockery

{ Residence, if in Baltimore, Give Street and Number. } 1100 W Baltd St

Duration of Residence in Baltimore. Life C 5261.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Oct 2 1907

AGE — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Paul Rockery

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Mollie A Miller

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks & Son

(Address) Calhoun & Hollins Sts

Filed 10/3 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 29 1907 to Oct 3 1907

that I last saw h living on Oct 2 1907,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Bilateral

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Grumpler M.D.

Address 617 Lexington

Date Oct 3 1907

Place of Burial St Peters Cem

Date Oct 3 1907

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 C 5262 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1645 Jackson st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert Lee Ingers

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 10 November 1906

AGE: ..... years, 10 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Ingers

BIRTHPLACE OF FATHER (State or country): North Carlina

MAIDEN NAME OF MOTHER: Catherin Pyle

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Ingers

(Address) 1645 Jackson st

Filed 10/3 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 20 1907 to Oct 2 1907 that I last saw him alive on Oct 2 1907, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 17 DAYS

(Signed) le. a. Delaye M.D.

Address 435 E Fort Ave

Date Oct 2 1907

Place of Burial Cedar Hill

Date October 4th 1907

Undertaker Jas. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5263 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1112 Light St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Walter Lewdzowski

{ Residence, if in Baltimore, Give Street and Number. } 1112 Light St.

Duration of Residence in Baltimore. Life C 5263

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH: Sept 26th 1906

AGE: 1 years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~—~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Joseph Lewdzowski

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Mary Augustinek

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Wodzowski

(Address) 1112 Light St

Filed 10/3 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 2d 1907

I HEREBY CERTIFY, That I attended deceased from Sept 24th 1907 to Oct 2d 1907 that I last saw him alive on Oct 1st 1907, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis + Meningitis

8 (DURATION) 8 DAYS

Contributory (Primary.) Ephaustis

(DURATION) DAYS

(Signed) H. H. Hyden M.D.

Address 1122 Light St

Date Oct 2d. 1907

Place of Burial Holy Rosary

Date Oct 5 1907

Undertaker Joseph Wodzowski

Address 1742 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward ..... C 5304 Register No. 77

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ann McKee

{Residence, if in Baltimore, Give Street and Number.} Bay View

Duration of Residence in Baltimore.....

C 52664

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM.

(Address) Lamar Hollyday, Supt.

Filed 10/3 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2. 1907

I HEREBY CERTIFY, That I attended deceased from Aug 28 1907 to Oct 2 1907 that I last saw her alive on Oct 2 1907, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

General debility

(DURATION) DAYS

Contributory (Primary) Fibroid Lung.

(DURATION) DAYS

(Secondary)

(Signed) Robt. P. Bay M.D.

Address Bay View

Date Oct. 2. 1907

Place of Burial St Peters Cemetery

Date Oct 4th 1907

Undertaker Martin Jahey & Son

Address 606 E. Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 30 Woods C 5265 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name George Emmett Bandel

{ Residence, if in Baltimore, Give Street and Number. } Mt Royal Apt's, Mt Royal & Calvert Sts

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	white
DATE OF BIRTH	Dec. 11 = 1879
AGE	27 years, 9 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Martin L. Bandel
BIRTHPLACE OF FATHER (State or country)	Balto Md.
MAIDEN NAME OF MOTHER	Mamie V. Bankard
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. B. Bandel

(Address) The Mt Royal

Filed 10/3 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2 1907

I HEREBY CERTIFY, That I attended deceased from Sept 18 1907 to Oct 2 1907

that I last saw him alive on Oct 2 1907

and that death occurred, on the date stated above, at 7:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) DAYS

Contributory (Primary) Typhoid fever (DURATION) 15 DAYS

(Signed) Arthur M. Shipley M.D.

Address University Hospital

Date Oct 2 1907

Place of Burial Green Mount.

Date Oct. 4 = 1907

Undertaker E. M. Mitchell

Address 1201 W. Fayette St =

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

C 5266

CERTIFICATE OF DEATH.

(Place of Death.) No. 1903 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Summerville

{Residence, if in Baltimore, Give Street and Number.} 1903 Brunt St

Duration of Residence in Baltimore. 19 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) St Marys Co

FULL NAME OF FATHER Nelson Summerville

BIRTHPLACE OF FATHER (State or country) St Marys Co

MAIDEN NAME OF MOTHER Lizi Ann Butler

BIRTHPLACE OF MOTHER (State or country) St Marys Co

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Stanley

(Address) 1908 Brunt St

Filed 10/4 1907

HARRY O. ADKINS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3rd 1907

I HEREBY CERTIFY, That I attended deceased from July 24 1907 to Oct 3 1907 that I last saw h alive on Oct 2 1907, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia

(DURATION) 2 Mos 9 Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey St

Date Oct. 3 1907

Place of Burial St Peters

Date Oct 6 1907

Undertaker Stammetti & Wright

Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, STATE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH.

Registered No. B C 5267

City of Baltimore, (No. 829, Hanover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Feldman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 20th (Day) 1829 (Year)

AGE: 78 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germ

FULL NAME OF FATHER: Daniel Feldman

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Elizabeth Steinmer

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: Cigar Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Feldman (wife)

(Address) 829 Hanover St

Filed 10/4 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 3rd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from August 26 1907 to October 3 1907 that I last saw him alive on October 2 1907, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Louis Hamman M. D.

Oct 3, 1907 (Address) 21 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Oct 6 1907

UNDERTAKER: E. Schlosser & Son — ADDRESS: 1029 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

Ward .....

CERTIFICATE OF DEATH.

15-V

(Place of Death.) No. St. Joseph Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name — Lizzie Smith

{ Residence, if in Baltimore, Give Strect and Number. } St. Jos Hospital

Duration of Residence in Baltimore. Life

C. 5268

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 2nd 1907

AGE: ..... years, ... months, 5 Hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Hobart Smith

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Lewis

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hebert Smith

(Address) 1021 Hanover St

Filed 10/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2, 1907

I HEREBY CERTIFY, That I attended deceased from Oct 2 1907 to Oct 2 1907 that I last saw h.. alive on Oct 2 1907, and that death occurred, on the date stated above, at 4:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) 5 hrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. O'Connor M.D.

Address St Jos Hospital

Date 190

Place of Burial Mount Olivet Cem

Date Oct 4th 1907

Undertaker E. Schlosman & Son

Address 1084 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 C 5269 Registered No. B C 5269

151 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maynie Arnella Dixon

{Residence, if in Baltimore, Give Street and Number.} 408 N Durham St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1

AGE 6 weeks
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Benj F Dixon

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Bertha Hill

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj F Dixon

(Address) 408 N Durham St

Filed 10/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1907

I HEREBY CERTIFY, That I attended deceased from Sept 28 1907 to Oct 1 1907 that I last saw her alive on Oct 28 1907 and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate) Infantile Atrophy

6 weeks (DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolph G. Eisenberg M.D.

Address 2213 Orleans St

Date Oct 1 1907

Place of Burial Asbury

Date Oct 4 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B C 5270

C 5270

CERTIFICATE OF DEATH.

934

(Place of Death.) No. Md. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nicholas Dobson

{Residence, if in Baltimore, Give Street and Number.} 543 Mosher St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Adam Dobson

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Elmora Griffin

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Dobson

(Address) 542 mosher St

Filed 10/4 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1907

I HEREBY CERTIFY, That I attended deceased from Sept 25 1907 to Oct 2 1907

that I last saw him alive on Oct 2 1907

and that death occurred, on the date stated above, at 7.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute dilatation of right heart.

2 hrs. (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) W. H. Brown M.D.

Address 2nd. Gen. Hosp.

Date Oct 2 1907.

Place of Burial Mt. auburn Cem.

Date Oct 4 1907

Undertaker Geo W. Toadvine

Address 542 w Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6

166 V

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor Washington Ave & Fairmt Ave. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A Ford

{ Residence, if in Baltimore, Give Street and Number. } 1708 Orleans St

Duration of Residence in Baltimore. Life

C. 5271

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 43 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Clemmond Ford

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Annie Ford

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Annie Ford

(Address) 1708 Orleans St

Filed 10/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 — 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw him alive on ..... 190 ....,

and that death occurred, on the date stated above, at 6

.....M. CAUSE OF DEATH (Secondary or Immediate)

Body mauged by car

(DURATION) Instant DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jno H Cunliffe M.D.

Address Edmondson Ave

Date Oct 3 — 1907

Place of Burial Woodberry

Date October 5 — 1907

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B C 5272

CERTIFICATE OF DEATH.

105 V

(Place of Death.) No. 20 N. Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret L. Hardesty

{Residence, if in Baltimore, Give Street and Number.} 20 N. Curley St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH June 8" 1906

AGE 1 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Thos. L. Hardesty

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Marg. Powers

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. L. Hardesty.

(Address) 20 N. Curley St.

Filed 10/4 1907 GARY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1907.

I HEREBY CERTIFY, That I attended deceased from Sept 21 1907 to Oct 3 1907 that I last saw her alive on Oct 3 1907, and that death occurred, on the date stated above, at 4:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Contributory (Primary.) Acute Ileo-Colitis

(DURATION) DAYS

(Signed) Fred'k J. Wilkens M.D.

Address 24 & E. Fayette

Date Oct 4 1907.

Place of Burial Holy Redeemer

Date Oct. 5" 1907

Undertaker Kendall Lippel & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... C 5273 Registered No. B ..... C 5273

CERTIFICATE OF DEATH.

361

(Place of Death.) No. 405 21½ St. St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Beard

{Residence, if in Baltimore, Give Street and Number.} 406 21½ St

Duration of Residence in Baltimore. Life C. 5273

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jesse Beard

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Mary Hinton

BIRTHPLACE OF MOTHER (State or country) N. C.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Beard

(Address) 405 21½ St

Filed 10/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1 1907 to Oct 3 1907 that I last saw her alive on Oct 3 1907 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 3 DAYS

Contributory (Primary) Dentition

Had Congenital Syph (DURATION) 7 DAYS

(Signed) Harry Whys Bayley M.D.

Address 220 Linden Ave,

Date Oct 3 1907

Place of Burial Mt Auburn

Date Oct 5th 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Saturday 10 Am Mt Auburn

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 14 C 5274

CERTIFICATE OF DEATH.

(Place of Death.) No. 539 Laurens St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William G. Davis.

{Residence, if in Baltimore, Give Street and Number.} 529 Laurens St. C 5274

Duration of Residence in Baltimore. 16 yrs. 3 mos. 18 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: B

DATE OF BIRTH: July 14 1890

AGE: 17 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William C. Davis

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Annie Sedgwick

BIRTHPLACE OF MOTHER (State or country): Washington, D.C.

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Davis

(Address) 539 Laurens St.

Filed 10/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2, 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 17 1907 to Oct. 2 1907 that I last saw h[illegible] alive on Oct. 2 1907, and that death occurred, on the date stated above, at 8.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Miliary Tuberculosis

(DURATION) 21 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 24 DAYS

(Signed) Wm. H. Magee M.D.

Address 1373 N. Carey St

Date October 3, 1907.

Place of Burial Mt. Auburn Cemetery

Date October 5 1907

Undertaker Alex. Bowley

Address 578 W. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5275 Registered No. B .....

271

CERTIFICATE OF DEATH.

(Place of Death.) No. 1702 Lancaster St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Noah Marciniak

{ Residence, if in Baltimore, Give Street and Number. } 1702 Lancaster

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Rock Witomski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Korchonska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucian Marciniak

(Address) 1702 Lancaster St

Filed 10/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1907

I HEREBY CERTIFY, That I attended deceased from Aug 3 1907 to Oct 3 1907

that I last saw h-- alive on Oct 3 1907,

and that death occurred, on the date stated above, at 8 30 M. CAUSE OF DEATH (Secondary or Immediate.)

acute Phthisis

(DURATION) 2 mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 165 Bunker

Date Oct 3 1907

Place of Burial St Stanislaus.

Date Saturday Oct 5" 1907

Undertaker M. F. Sadowski.

Address 703 S. Conn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 307 N. Arlington Ave St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Helen Regina Bosch

{Residence, if in Baltimore, Give Street and Number.} 307 N. Arlington Ave

Duration of Residence in Baltimore. Life

C5276

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, 6 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jos F Bosch

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Rosa Murphy

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos F Bosch

(Address)

Filed 10/4 1907

[illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1907

I HEREBY CERTIFY, That I attended deceased from Sept 30 1907 to Oct 2 1907

that I last saw h[illegible] alive on Oct 1 1907

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute gastritis

(DURATION) DAYS

Contributory (Primary.) Hathens

(DURATION) DAYS

(Signed) John G Carey M.D.

Address 1302 W Fairmount Ave

Date Oct 3 - 07 1907

Place of Burial New Cathedral

Date 10/5 1907

Undertaker Wm J Schilling

Address 204 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... (150)

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 Cor-Bush & Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James. Burton

{ Residence, if in Baltimore, Give Street and Number. } S.E. Cor-Bush & Hamburg

Duration of Residence in Baltimore. Life (52197)

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Oct. 2 1907
AGE	..... years, ... months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	James L. Burton
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Grace Lawson
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs. Lottie Sachs

(Address) S. E. Cor. Bush & Hamburg

Filed 10/4" 1907 Registrar

CLERK OF ORPHANS' COURT
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct- 3 1907

I HEREBY CERTIFY, That I attended deceased from Oct 1907 to Oct 1907

that I last saw h alive on 1907,

and that death occurred, on the date stated above, at 12 a.m. CAUSE OF DEATH (Secondary or Immediate)

Incomplete Closure
Forumn Ovale
Aspirin (DURATION) DAYS

Contributory (Primary) Congenital
Debility (DURATION) DAYS

(Signed) O. Mary Jones M.D.
Coroners

Address .....

Date Oct- 3 1907

Place of Burial Loudon Park Cem.

Date Oct. 4 1907

Undertaker M. J. Dill & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5278 Registered No. B [illegible] 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 108 S. Carlton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Miss. Ella Long

{ Residence, if in Baltimore, Give Street and Number. } 108 S. Carlton St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 91 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm F Long

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary E Borten

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W Fombard

Filed 10/4 1907 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 5 1907 to Oct 2 1907 that I last saw her alive on Oct 2 1907, and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 27 DAYS

Contributory (Primary.) ——

(DURATION) ..... DAYS

(Signed) M. A. Neill M.D.

Address 1315 Hollins St

Date Oct. 3 1907

Place of Burial Loudon Park

Date Oct 5th 1907

Undertaker John J Fields

Address 1200 W. Fombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... C 5279

CERTIFICATE OF DEATH.

(Place of Death.) No 1826 Hope St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A. Durall

{Residence, if in Baltimore, Give Street and Number.} 1826 Hope St.

Duration of Residence in Baltimore. Life

C 5279

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Luther Durall.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Christina Smith.

BIRTHPLACE OF MOTHER (State or country): Scotland.

OCCUPATION OF DECEASED: Conductor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina Durall

(Address) 1826 Hope St

Filed 10/4 1907 ROBERT C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3rd 1907

I HEREBY CERTIFY, That I attended deceased ~~from~~ on Oct 3rd 1907 to — 190—

that I last saw h~~im~~ alive on Oct. 3rd 1907, and that death occurred, on the date stated above, at 11 am

A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary oedema

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) 2 yrs DAYS

(Signed) C. F. Buckner M.D.

Address 1337 E Fort Ave

Date 10/4 1907

Place of Burial Balto Cem'tery

Date Oct 6 1907

Undertaker Woodcock

Address 502 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 12 — C 5280 — 12

CERTIFICATE OF DEATH.

(Place of Death.) No. Md General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Barbara Dahl

{Residence, if in Baltimore, Give Street and Number.} 1120 Woodberry St

Duration of Residence in Baltimore. 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH —

AGE 51 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Meisel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Myer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Wenzel

(Address) 3351 Beechaven

Filed 10/4 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1907

I HEREBY CERTIFY, That I attended deceased from Sept 20 1907 to Oct 3 1907

that I last saw h[illegible] alive on Oct 3 1907.

and that death occurred, on the date stated above, at 5:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

acute diliation R[illegible] Lung

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever.

(DURATION) DAYS

(Signed) W. M. Lear M.D.

Address Md. Gen. Hosp.

Date Oct 3rd 1907

Place of Burial York Pa.

Date Oct 5 1907

Undertaker Lowlook

Address 502 E Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the cause and date of death. notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 C 5281 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 McHenry St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name Margaret May Day

{Residence, if in Baltimore, Give Street and Number.} 1632 McHenry St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 9, 1872

AGE: 35 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: James Lanahan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lizzie Bentz

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Day

(Address) 1632 McHenry St

Filed 10/4 1907 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2 1907

I HEREBY CERTIFY, That I attended deceased from Aug 24 1907 to Oct. 2 1907

that I last saw her alive on Oct. 2 1907

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Typhoid Fever

(DURATION) 39 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. O'Neill M.D.

Address 1315 Hollins St

Date Oct 3rd 1907

Place of Burial London Park Cemetery

Date Oct 5th. 1907

Undertaker Geo. Bentz

Address 594 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. BC 5282

City of Baltimore, (No. 506 S. Bond St. St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lena Eleanor

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH March 18 (Month) 6 (Day) 16 1907 (Year)

AGE — years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Isaac Eleanor

BIRTHPLACE OF FATHER (State or country) ~~Russia~~ Germany

MAIDEN NAME OF MOTHER Hanna Freund

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Eleanor

(Address) 506 S Bond

Filed 10/4 1907 HARRY C. ARNEST PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October. 4 (Month) (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Sept 23 1907 that I last saw her alive on Sept 23 1907, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Marasmus

Improper food -

(DURATION) 4 months ~~DAYS~~

Contributory Fry Nursed

(DURATION) DAYS

(Signed) Alfred W Mitchell M. D.

Oct 4 1907 (Address) The Alliance Park & Place

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Rose Dale Cem | DATE OF BURIAL Oct 4, 1907

UNDERTAKER Max Levinson | ADDRESS 162 - mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 633 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel J. Ragan

{Residence, if in Baltimore, Give Street and Number.} 633, W. Biddle

Duration of Residence in Baltimore. Life

C.5283

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Don't Know

AGE: 29 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Ragan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Wheeler

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Bibby

(Address) 1107 N. Fulton Ave

Filed 10/4 1907 (HARRY O. ANDREWS) PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1st 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 10 DAYS

Contributory (Primary) Accidental fall

(DURATION) ..... DAYS

(Signed) Silas Bentztein M.D.

Address 700 Log. Ave., Roxbury

Date Oct. 4th 1907

Place of Burial Forest Cemetery

Date Oct 5 - 1907

Undertaker J. A. Bibby

Address 1107 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. D.....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2126 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter Stewart

{Residence, if in Baltimore, Give Street and Number.} 2126 Mc Elderry St

Duration of Residence in Baltimore. Life time C 5284

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 19 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Thomas F. Stewart
FULL NAME OF FATHER	Md
BIRTHPLACE OF FATHER (State or country)	Francis Stewart
MAIDEN NAME OF MOTHER	Md
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Stewart

(Address) 2126 Rhoadsby

Filed 10/4 " 1907 ..... Registrar

DEPUTY REGISTRAR
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Oct 2 — 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29 — 1907 to Oct 2 — 1907 that I last saw him alive on Oct 2 — 1907, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bowel Obstruction

(DURATION) 3 DAYS

Con'tributory (Primary) Inflammatory adhesions

(DURATION) several weeks ~~DAYS~~

(Signed) W F Harris M.D.

Address 1324 Druid Hill Ave

Date Oct 2 1907

Place of Burial Mt Zion Cemetery

Date Oct 4 1907

Undertaker Geo A Whitelaw

Address 506 Rayes Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1620 N Dallas St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Amelia Pitman

{ Residence, if in Baltimore, Give Street and Number. } 1620 N. Dallas St

Duration of Residence in Baltimore. All Life C 5285

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: September 24 1854	
AGE: 53 years, — months, 10 days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: William A Smith	
BIRTHPLACE OF FATHER (State or country): Catonsville Balto	
MAIDEN NAME OF MOTHER: Eliza C Dillehunt	
BIRTHPLACE OF MOTHER (State or country): Baltimore Md	
OCCUPATION OF DECEASED: Housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm E Smith

(Address) 1620 N Dallas St

Filed 10/4 1907 REGISTRAR OF ARRESTS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from June 20 1907 to Oct 3 1907 that I last saw her alive on Oct 3 1907, and that death occurred, on the date stated above, at 5.22 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Cardiac Insufficiency

(DURATION) 30? DAYS

Contributory (Primary.) Carcinoma of Uterus & Pelvic organs (DURATION) 9 Months

(Signed) R P Carman M.D.

Address 1701 N Caroline St

Date Oct 4 1907

Place of Burial St Pauls Fremont & Lanvale Sts

Date Oct 7 1907

Undertaker Wm J Schaefer

Address 803 Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5286 Registered No. .....

CERTIFICATE OF DEATH.

64

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Place of Death.) No. Milton Ave & Ashland Ave St.

Full Name Wm Mrs. Fisher

{ Residence, if in Baltimore, Give Street and Number. } — None. —

Duration of Residence in Baltimore. Life

C 5286

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Isaac T. Fisher

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Gibson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Fisher

(Address) 1722 E. Eager st

Filed 10/4 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1907

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Cameron M.D.

Address Corner M & P

Date Oct 4 1907

Place of Burial M. E. Cemetery

Date OCT 5 1907

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154V

CERTIFICATE OF DEATH. C 5287

Registered No. B

City of Baltimore, (No. 936 n Madeira st.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Ridel

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: ..... (Month) 1842 (Day) (Year)

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Bohemia.

FULL NAME OF FATHER: C.

BIRTHPLACE OF FATHER (State or country): C.

MAIDEN NAME OF MOTHER: C.

BIRTHPLACE OF MOTHER (State or country): C.

OCCUPATION OF DECEASED: laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances DeGaufre

(Address) 2312 Eager Place

Filed 10/4 1907 DEPUTY CLERK Registrar

Doctor Grove, 1302 N. Caroline St., Balto., Md.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: OCT 3- 1907 (Month) (Day) (Year) 190

I HEREBY CERTIFY, That I attended deceased from Aug 1 1907 to Oct 3 1907

that I last saw him alive on Sept 23. 1907

and that death occurred, on the date stated above, at 10 a. M. The CAUSE OF DEATH was as follows:

old age only

unknown (DURATION) DAYS

Contributory old age only (DURATION) DAYS

(Signed) Dan'l Grove M. D.

OCT 3- 1907 (Address) 1302 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Ralph's | DATE OF BURIAL: Oct 5 1907

UNDERTAKER: Frank Crack | ADDRESS: 1904 Gabelang

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... C 5288 Registered No. ..... 27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 E. Eager St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph L. McGinn

{Residence, if in Baltimore, Give Street and Number.} 917 E. Eager St.

Duration of Residence in Baltimore. 20 years C.5288

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 12, 1883

AGE: 23 years, 4 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Mass.

FULL NAME OF FATHER: James McGinn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Bannigan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Bar tender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aunt

(Address) 917 Eager St.

Filed 10/4 1907 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1907

I HEREBY CERTIFY, That I attended deceased from May 2 1907 to Oct 1 1907 that I last saw him alive on Sept 30 1907, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Oct 3 1907

Place of Burial Cathedral.

Date October 5, 1907

Undertaker H. C. Hirdefield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

C 5289
164

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C 5289

CERTIFICATE OF DEATH.

Registered No. B [redacted]

City of Baltimore, (No.) 1509 Clement X St.; (Ward)

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Paul Mielke

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 9th (Day) 1903 (Year)

AGE: 3 years, 10 mo months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Herman Mielke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilda Halbrecht X

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman H Mielke

(Address) 1509 Clement X St X

Filed 10/3 1907

[redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct X (Month) 2nd (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept X 26 1907 to Oct X 2 1907 that I last saw h im alive on Oct X 2 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

a Septic wound of Scalp With extensive destruction & Sinus (DURATION) 40 DAYS

Contributory Septic Meningitis (DURATION) 1 DAYS

(Signed) J Walter Thomas M. D.

Oct X 3 1907 (Address) 1228 N. Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Paulus

DATE OF BURIAL: October 4 1907

UNDERTAKER: Jos. Stumtebeck

ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

10/4-1907

PERMIT CLERK

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1438. Hanover St. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Agnes V. Wilbur

{ Residence, if in Baltimore, Give Street and Number. } 1438. Hanover St.

Duration of Residence in Baltimore. Life C. 5290.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH July 22 nd 1884

AGE 23 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Andrew R. Wilbur

BIRTHPLACE OF FATHER (State or country) Baltimore County

MAIDEN NAME OF MOTHER Mary Gibson

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew R Wilbur

(Address) 1438 Hanover St.

Filed 10/4 1907 HARRY O. ARMSTRONG, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2 1907.

I HEREBY CERTIFY, That I attended deceased from May 5 1907 to Oct 2 1907 that I last saw her alive on Oct 2 1907 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis
Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. B. Bunn M.D.

Address 828 N. Carroll Ave

Date Oct 4 1907

Place of Burial Loudon Park Cem.

Date October 5th 1907

Undertaker D. and M. S. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 C 5291 Registered No. B 1370

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Little Pine St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Lauren Morris

{Residence, if in Baltimore, Give Street and Number.} 936 Little Pine St

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: John Brown

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriett

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John P. Morris

(Address) 936 Little Pine St.

Filed 10/4 1907

CLERK OF ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 23 1907 to Oct 2nd 1907

that I last saw h alive on Oct 2nd 1907

and that death occurred, on the date stated above, at 3.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ex Exhaustion

(DURATION) DAYS

Contributory (Primary) Uterine hyperplasia

& Exhaustion (DURATION) DAYS

(Signed) J. B. McLean M.D.

Address Md. Genl Hosp.

Date Oct 3rd 1907

Place of Burial Mt Auburn Cemetery

Date October 5th 1907

Undertaker Felix D. Pye

Address 102 E. Hubberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... C 5292 Registered No. B .....

CERTIFICATE OF DEATH.

654

(Place of Death.) No. 223 Dolphin St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wilson Bell

{Residence, if in Baltimore, Give Street and Number.} 223 Dolphin st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Norfolk, Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Bell

(Address) 223 Dolphin St.

Filed 10/4 1907 DEPT OF HEALTH, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1907

I HEREBY CERTIFY, That I attended deceased from Sept 29. 1907 to Oct 4th 1907 that I last saw h.. alive on Oct 3d 1907 and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Softening

several months (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYs

(Signed) W H Pearce M.D.

Address 2105 N. Charles st

Date Oct 4th 1907

Place of Burial York Town Wharf York Co Va

Date October 5th 1907

Undertaker Felix B Pye.

Address 102 E Mulberry St.

WM. J. C. OULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

C 5293

CERTIFICATE OF DEATH.

105

(Place of Death.) No. N. E. Cor Chas. & Eden C-5293 St's (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leroy C Boss

{Residence, if in Baltimore, Give Street and Number.} 909 N. Madeira st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 5 1907
AGE	years, 3 months, 29 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Millen E. Boss
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Emma Schroeder
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Millen E. Boss

(Address) 909 N. Madeira st

Filed 10/4 1907 HARRY C. ARMSTRONG PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 4 1907 190

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1907 to Oct. 4 1907

that I last saw him alive on 11 11 1907, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 16 DAYS

Contributory (Primary.) Acute Colitis (DURATION) 17 DAYS

(Signed) E. L. Peterson M.D.

Address

Date OCT 4 1907 1907

Place of Burial Baltimore. Cem,

Date OCT 5 1907 190

Undertaker ALBERT E. FULLER,

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

C 5294

CERTIFICATE OF DEATH.

(Place of Death.) No. 2608 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Dudeck

{ Residence, if in Baltimore, Give Street and Number. } 2608 E Fayette St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Girl	COLOR White
DATE OF BIRTH Oct 24 1907	
AGE 1 hour (years, months, days)	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single	
BIRTHPLACE (State or country) City	
FULL NAME OF FATHER John Dudeck	
BIRTHPLACE OF FATHER (State or country) Germany	
MAIDEN NAME OF MOTHER Mary Wiegman	
BIRTHPLACE OF MOTHER (State or country) Germany	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Dudeck

(Address) 2608 E. Fayette St.

Filed 10/5 1907 Registrar

HENRY C. ANDREWS, CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1907

I HEREBY CERTIFY, That I attended deceased from Oct 24 1907 to Oct 24 1907

that I last saw her alive on Oct 24 1907,

and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Protracted Labor

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C J Carroll M.D.

Address 1740 E Balto St

Date Oct 24 - 07 190

Place of Burial Sacred Heart Cem

Date Oct 5 190

Undertaker H. SANDER & SONS.

Address 1705-1710 Clinton Avenue. E. Side Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... C 5295 Registered No. B ..... C 5295

12 01

CERTIFICATE OF DEATH.

(Place of Death.) No. 925 Canton St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm S. Bradford.

{Residence, if in Baltimore, Give Street and Number.} 925. Canton St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH June 29th 1861

AGE 46 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jesse Bradford

BIRTHPLACE OF FATHER (State or country) Connecticut

MAIDEN NAME OF MOTHER Emily Pearson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Rail Road Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Bradford

(Address) 925 Canton St.

Filed 10/5 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto Oct 3rd 1907

I HEREBY CERTIFY, That I attended deceased from May 14 1907 to Oct 3 1907

that I last saw him alive on Oct 1 1907,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (DURATION) DAYS

Contributory (Primary) Cardiac Failure (DURATION) DAYS

(Signed) R.S. Kirk M.D.

Address 1610 E. Baltimore St

Date Balto Oct. 4 1907

Place of Burial Mt. Carmel Cemy.

Date Oct. 6 1907

Undertaker H. Rawlins & Sons.

Address 1710 Carlton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79V

CERTIFICATE OF DEATH.

Registered No. B C 5296

City of Baltimore, (No. 239 W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Norman Ridgely

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 18th (Month) (Day) 1839 (Year)

AGE: 68 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: David Ridgely

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Louisa Norman

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard M. Carter

(Address) 1212 Eutaw Place

Filed 10/5 1907

HARRY C. ARDEN, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 4 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 1887 1907 to Oct 5 1907

that I last saw h[illegible] alive on July 1 1907, and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Myocarditis

Several yrs (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) C. B. Gemmill M. D.

Oct 4th 1907 (Address) 26 E. Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Lr Ednmount

DATE OF BURIAL: Oct 5th 1907

UNDERTAKER'S: Hew Jenkins Sons Co

ADDRESS: 300 W Madison St

WM. J. C. DULANY CO., BALTIMORE.

Ward ....

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 Myrtle Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Frederick Conrad

{ Residence, if in Baltimore, Give Street and Number. } 1217 Myrtle Ave

Duration of Residence in Baltimore. 60 years C. 5297

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 12 1820

AGE: 87 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Conrad

(Address) 959 N. Gay St

Filed 10/5 1907 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3rd 1907

I HEREBY CERTIFY, That I attended deceased from Sept 27th 1907 to Oct 3rd 1907

that I last saw him alive on Oct 3rd 1907.

and that death occurred, on the date stated above, at 8.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) S. C. Stone M.D.

Address 1524 E. Baltimore

Date Oct 5th 1907

Place of Burial Baltimore Cemetery

Date October 6 1907

Undertaker Philip H. Secrest Son

Address 1131 E. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

1052

(Place of Death.) No. 1035, S. Paca st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Houston

{ Residence, if in Baltimore, Give Street and Number. } 1035, S. Paca st st.

Duration of Residence in Baltimore. Life

C. 3298

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH: Sept. – 7 – 1907	
AGE: ..... years, ... months, 27 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Clarence Barth	
BIRTHPLACE OF FATHER (State or country): City	
MAIDEN NAME OF MOTHER: Florence Houston	
BIRTHPLACE OF MOTHER (State or country): City.	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Houston

(Address) 1035, S. Paca st.

Filed 10/5 1907 HENRY C. ARRIANS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. – 4 – 1907

I HEREBY CERTIFY, That I attended deceased from Sept. – 27 1907 to Oct. – 4 1907 that I last saw him alive on Oct – 4 1907, and that death occurred, on the date stated above, at 8.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Colitis

(DURATION) 7 DAYS

(Signed) Pierre G. Dausel M.D.

Address 121, Jackson Square

Date Oct. – 4 – 1907

Place of Burial Holy Cross

Date Oct 5th 1907

Undertaker E. A. Windsfeld Jr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 C 5299 Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 881 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Howard

{Residence, if in Baltimore, Give Street and Number.} 881 Ramsay

Duration of Residence in Baltimore. ~~Life~~ 52 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	February 10 1840
AGE	67 years, 7 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Henry Dreishman
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catherine E Brown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas M Howard

(Address) 881 Ramsay St

Filed 10/5 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1907

I HEREBY CERTIFY, That I attended deceased from June 4 1907 to Oct 3 1907 that I last saw her alive on Oct 3 1907 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Cancer of Stomach

2 years (DURATION) DAYS

(Signed) Leo R. Graham M.D.

Address 725 Columbia ave

Date Oct 3d 1907

Place of Burial Louden Park

Date Oct 6 1907

Undertaker Jos B. Cook,

Address 563 W Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 26th DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WIT C-2500 7/3/07 AND ENDING WITH C-5299- 10/3/07 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O K Line



END OF REEL